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# 2013-2014 Biennial Report on Nursing





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## CNO Message

It is an honor to share the 2013-2014 Report on Nursing with you. As in years past, this report is filled with the many outstanding accomplishments of the Maine Medical Center nursing staff that demonstrate a culture rich in excellence. Through our Professional Practice Model “Partnering to Empower,” nursing continues to contribute to the high quality care within the organization. Through strong inter-professional partnerships with our colleagues, we have seen our patient clinical outcomes continue to improve and exceed national benchmarks. Patient experience exceeds the teaching hospital benchmark in the majority of categories. Partnerships with our educational community demonstrate a high commitment to the promotion of nursing education. We also continue to conduct and disseminate research to inform practice and infuse the

local and national environment with evidence-based practice.

This report highlights only a sampling of the outstanding achievements by our nursing team as they support a rich Magnet™ culture. By living our mission, vision and values, we have created an environment of caring for patients, families and community through leadership, knowledge and compassion.

I am proud of all who practice at Maine Medical Center and their contributions made every day to enhancing professional nursing. As nurses continue to raise the bar for excellence in practice and provide new knowledge and innovation to the profession, it is our patients, families, and community that benefit.

Marjorie S. Wiggins, DNP, MBA, RN, FAAN, NEA-BC  
Senior Vice President, Patient Care Services/Chief Nursing Officer

# Mission, Vision, Values

## Nursing Mission

- ◆ We create environments of care, which support patient and family needs and optimal patient outcomes.
- ◆ We provide equitable and culturally competent care to all patients and their families.
- ◆ We strive for excellence in health and healing for the body, mind, and spirit.
- ◆ We respect, support, and collaborate with one another and with other health care team members.
- ◆ We recognize we are part of a complex and evolving health care system and respond with flexibility and openness to new ideas and techniques.
- ◆ We engage in and promote ongoing professional education and advancement for ourselves and our colleagues.
- ◆ We play a critical role in coaching, mentoring, and retaining professional nurses in our practice setting.
- ◆ We are dedicated to providing progressive care through evidence-based practice.

## Nursing Vision

Nursing at Maine Medical Center is the spirit and practice of caring for patients, families, and the community through leadership, knowledge, and compassion.

## Values

- ◆ **Patient Centered:** We partner to serve the needs of our patients, families and our community.
- ◆ **Integrity:** We practice the highest ethical standards by doing the right thing at the right time for the right reason.
- ◆ **Respect:** We treat all people with courtesy, dignity, and fairness, and recognize each individual for his/her unique talents.
- ◆ **Ownership:** With initiative and pride, we take responsibility for the quality, safety and cost of the care and services we deliver.
- ◆ **Innovation:** We value intellectual curiosity, creativity, critical thinking and cutting-edge knowledge.

# Nursing Philosophy

**W**e believe that nursing is both an art and a science incorporating multiple realms of care, including the physical, developmental, emotional, social, psychological, cultural, and spiritual. Nursing exemplifies the highest degrees of accountability, integrity, and honesty in all relationships with patients, families, colleagues, and the community. The nurse is a patient advocate committed to upholding The American Nurses Association's Code of Ethics for Nurses and other professional and regulatory standards of nursing practice and patient care.

As professionals, we practice in partnership with the patient, family, physician, and other health care providers to deliver quality patient care across the continuum. Our goal is to realize and surpass excellence in nursing practice and patient care. Integral to this goal is the provision of education for patients, families, and ourselves to facilitate the very best in health care decision-making and healing.

As leaders, we support and applaud competency, creativity, teamwork, and compassionate care for a diverse patient population and community of caregivers. We recognize our fiscal responsibility and act to promote Maine Medical Center's mission, vision, and viability as a premier health care organization.

Nursing and interdisciplinary research as well as performance improvement efforts form the basis of our clinical practice. Through evidence-based practice and outcomes evaluation, we promote critical thinking and the expansion of nursing knowledge and expertise. In order to achieve excellence in practice, we commit to personal and professional development in a dynamic learning environment.

# Professional Practice



## LIVING THE PROFESSIONAL PRACTICE MODEL

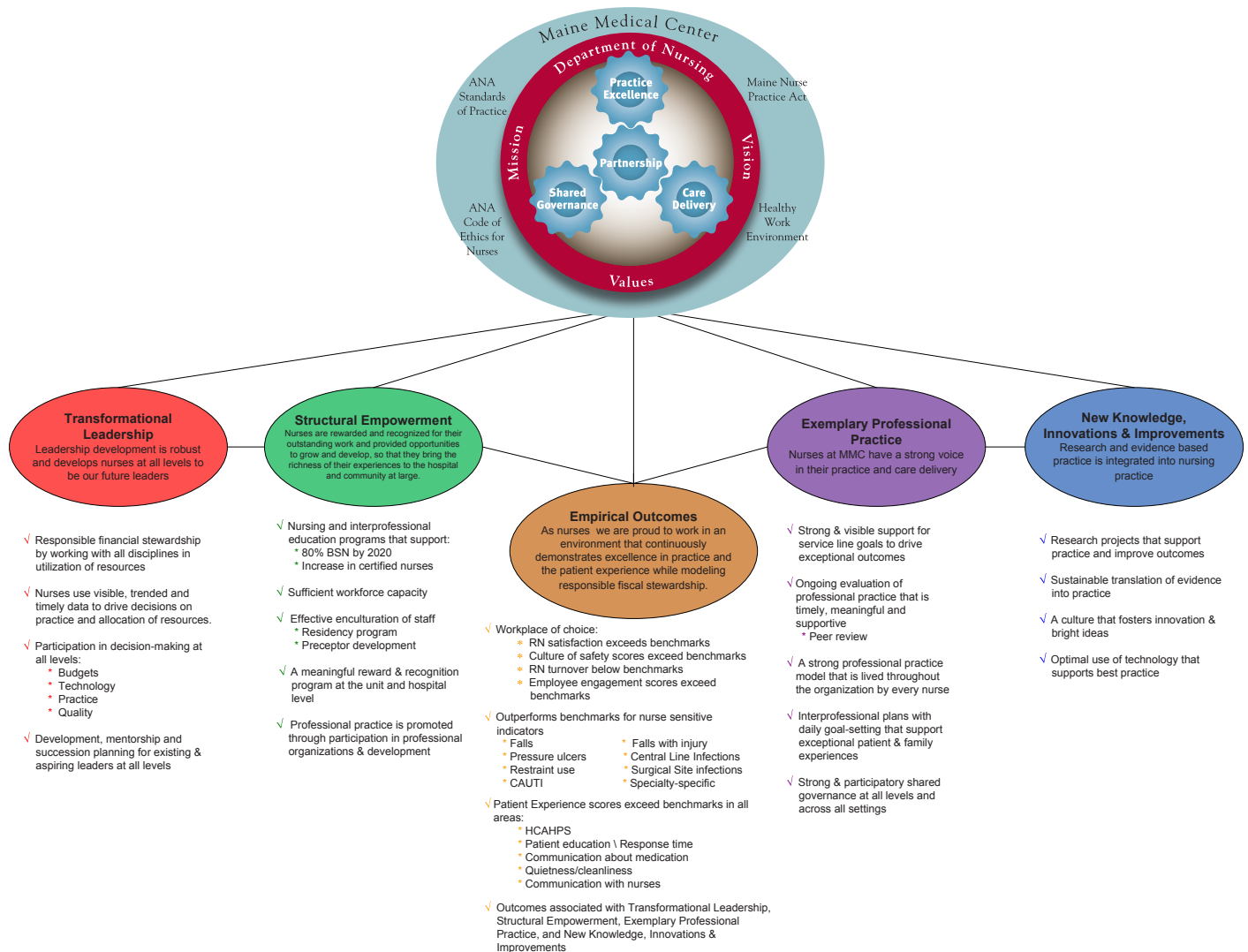
Maine Medical Center Nurses are committed to excellence and the Professional Practice Model. Building relationships and partnerships with patients, family, the interdisciplinary care team and community are at the center of the model. Establishing partnerships allow evidenced-based practice, ethical care, self-regulation, shared governance, accountability and service to come alive leading to exceptional care delivery and practice excellence. The foundation of the model is the mission, vision and values of the nurses which align with those of the organization.

In 2014, nursing staff wanted to contemporize the model and update the look of it. Keeping true to the philosophical and conceptual components of the model, an updated schema was developed. Revision of the model was driven by clinical nurses who live the model daily via the strong shared governance. Over 200 RNs participated in the process and represented their departments in the revision.

# NURSING STRATEGIC PLAN 2012-2014

Our 2012-2014 Nursing Strategic Plan highlighted care within the Magnet Components: Transformational Leadership, Structural Empowerment, Exemplary Professional Practice and New Knowledge, Innovations and Improvements leading to exceptional empirical outcomes.

## 2012 - 2014



# NURSING STRATEGIC PLAN 2015-2017

The 2015-2017 Plan, while still embracing the Magnet Components, aligns directly with MMC's Strategic Plan. Areas of focus are: patient experience, staff engagement, evidence-based practice excellence and outcomes, value-based care and outperformance of nursing clinical outcomes.

## 2015 - 2017



### Patient Experience

- ◆ Exceed national benchmarks (NRC)
  - Improve patient and family communication across continuum of care
  - Promote patient and family involvement in shared decision making



### Nursing Clinical Outcomes

- ◆ Exceed national benchmarks for Nursing Sensitive Indicators
- ◆ Reduce instances of hospital acquired infections

### Value Based Care

- ◆ Practice financial stewardship at all levels
- ◆ Optimum use and implementation of technology
- ◆ Develop mechanism to support workforce planning

### Evidence Based Practice Excellence and Outcomes

- ◆ Translate EBP with the Collaborative Model of Evidence Translation
- ◆ Develop inter-professional research & QI
- ◆ Standardize evidence based practices



### Staff Engagement

- ◆ Exceed Engagement/Satisfaction national benchmarks (RN)
  - Develop rewards and recognition program (All levels)
  - Focused attention on staff resilience
  - Infuse inter-professional education in the clinical learning environment
  - Create Preceptor development program
- ◆ Provide development and mentorship program for aspiring leaders (all levels)
- ◆ Increase professional certification
- ◆ Increase BSN to 80% by 2020



Mission

Vision

Values





## Partnership – Care Delivery

**N**ursing develops unique partnerships and relationships with every patient. By striving to understand every patient's uniqueness and individuality, nursing is able to provide safe patient and family centered care within our Partnership to Empower Professional Practice Model. Being empowered to say, "WE CAN" allows for care delivery in a highly caring and compassionate patient centered way.



Rustic Overtones lead singer Dave Gutter holds out the mic for Nick to sing along. Nick's brother Isacc looks on.

### SCU Nurses Bring Concert to Patient

Nick was an MMC patient in his mid-thirties with a neuromuscular disease. He is bed-ridden and has lost muscle control below his neck. Nick is an avid music fan with a passion for local bands. One of his favorite local bands, Rustic Overtones, has played benefit shows for Nick, sometimes performing at his house. During his hospitalization in January 2014, Rustic Overtones scheduled a concert in Nick's home town. Unfortunately, Nick learned he would be unable to leave the hospital in time for the concert. Knowing that music means the world to her patient, Sonja Orff, MS, RN, CNL, in collaboration with other nursing staff members, set out to bring the concert to him.

An urgent call to action began as the SCU nursing team, inter-professional partners and Nick's family partnered to put the plan into action. By Saturday at 1 p.m., the band was unloading their equipment into the Dana Center at MMC to prepare for the concert.

A team comprised of Allie Haynes, BSN, BA, RN, Deb Jackson, BSN, RN, CCRN, Dave Smith, Respiratory Therapist, and Fred Roediger, M.D., wheeled Nick from his room in the Assisted Ventilator Unit to the Dana Center Auditorium. He was covered in a blanket with a picture of musician Bob Marley, and he had a big smile on his face.

When everyone had said their hellos and the band finished tuning, the music began. Nick never stopped grinning as Rustic Overtones played some of their biggest songs and tried out some new ones, too. Nick's family danced near his bed, checked his tubes and made sure he was comfortable throughout the concert.

R6 Staff with Kelvin celebrating the gift of his new Fender guitar (left to right): Maryellen Smith, RN, CJ Dongo, RN, Lynne Proctor, BSN, CNRN, CN3, Kelvin, Lisa Bridge-Koenigberg, COTA, Grazyna Gallot, PTA, Donna Bisbee, MA, CCC-SLP, Terilee Gerry, MSN, RN, CNL, and Cynthia Kilbride-Johnson, RN, ONC, CN4



## It Takes a Team to Create a Magnet Moment

Kelvin had been a patient on the Ortho-Neuro unit for over two months. He suffered an injury that left him with speech and communication problems. After working with Kelvin for some time, Donna Bisbee, MA, CCC-SLP, Speech Language Pathologist, discovered that Kelvin played the guitar and had been a member of a band. Co-worker Lisa Bridge-Koenigberg, Certified Occupational Therapy Assistant, brought in her personal guitar from home to see if Kelvin could play it. He tuned it up and soon music was coming from his room. The guitar seemed to be wonderful therapy for him. However, after a week, the staff noticed the guitar was gone. Lisa needed to take it back home.

Feeling that the guitar was an important part of Kelvin's rehab, a few of the care team members, including Lynne Proctor, BSN, CNRN, CN3 started searching for a replacement guitar. After much searching, she contacted Fender Guitar. Lynne provided some basic information about Kelvin. Lynne kept her fingers crossed and within a week, she received word from

Fender Guitar that they shipped a brand new acoustic guitar to Maine.

Many members of Kelvin's care team were there when Lynne presented him with his own guitar. Music again filled the unit and allowed Kelvin to continue the healing process. It was a very special moment for both Kelvin and the staff.

Being empowered to say,  
**"WE CAN"**  
allows for care delivery  
in a highly caring and  
compassionate patient  
centered way.





# Partnership – Practice Excellence

## Creating a Culture of Practice Excellence

Linking hospital, nursing and unit strategic goals can be confusing for staff. The Family Birth Center (FBC) identified an opportunity for improvement in the way they communicate the overall hospital Annual Implementation Plan (AIP) Goals, Nursing Strategic Plan and how it relates to the frontline employee department goals and work.

Standardized Department Goal boards for the Family Birth Center were developed, which included the development of a Goal Alignment Continuum for each of the departmental goals. The Goal Alignment Continuum is a visual display of the overarching AIP goals,

how it relates to the development of the Nursing Strategic Goals, which then guides the departments on the development of their goals. By displaying the goals this way, it communicates to frontline staff the important relationship of their work and how it helps the organization be successful in achieving their targets, which helps us continually aspire to reach our overall hospital mission. It allows frontline staff to ‘connect the dots’ on why we do what we do (patient-centric), and how the organizational goals (provide high quality, cost effective care) guide the work we do.

### As a result of the goal board:

The Family Birth Center has seen dramatic improvements in their quality:

- ◆ The Leapfrog Group Maternity Care Metrics have increased from “Good: to “Best” Category for 2014.
- ◆ C-section rate decreased by 6%.
- ◆ Patient and medication scanning for medication management has increased from 75% to 95% in 2014



## Care Transitions: Care of the Patient with Esophogastrectomy

MMC is proud to be a leader in the transformation of care of patients undergoing esophogastrectomy. In 2012, Dr. Tracey Weigel joined the MMC team and implemented a state-of-the-art surgical procedure to assist patients with esophageal cancer. With this new approach to surgery, an inter-professional team was developed to navigate the care delivery for these patients. The team that included clinical nurses, respiratory therapists, providers, pharmacists and leadership developed, implemented and continue to evaluate this state-of-the-art program. The group clarified patient flow, determined patient acuity and resource allocation, developed mechanisms for communicating individualized plans of care and chain of commands, and inter-professional rounding on these patients. Working collaboratively and in partnership has allowed for exceptional patient outcomes while delivering and creating evidenced-based care.

Providing education via an esophogastrectomy boot camp was developed for both new and experienced team members. Tools were developed to aid the team in caring for these complex patients. Team training focused on respectful communication and a culture of safety with a mechanism to celebrate success.

Ongoing intensive reviews for each patient helped facilitate a working action plan that included feedback from all team members. A formalized process for determining resolution of issues that was clear to all.

### As a result of this work:

Patient outcomes have improved:

- ◆ Overall rate of pneumonia has decreased from a baseline in 2012 of 22.2% to 9% over 2013 and 2014
- ◆ Patients are ambulated at least 4 times a day 69% of the time
- ◆ Average length of stay has decreased from 2012 baseline of 17.4 days to 13.07 days.

## Sepsis Care Transformation

Sepsis is responsible for over 750,000 admissions to U.S. Hospitals annually with a 20-40% mortality rate. Sepsis survivors are often left with chronic comorbidities leading to deterioration in quality of life and frequent hospital readmissions costing 16 billion health care dollars a year. The incidence of sepsis increases greatly over age 65 and Maine leads the nation in the percentage of citizens in this age bracket. This compelled Maine Medical Center to identify improved sepsis care in its FY13 AIP through the use of a 2-year Sepsis Clinical Transformation Team. The key to improved survival is early recognition of sepsis and aggressive, timely intervention, including the administration of antibiotic within 60 minutes of diagnosis. An inter-professional team led by Susan Goran, MSN, RN, Special Care Unit Nursing Director and Dr. Stephen Mette, Chief of Critical Care, was convened to assess, develop and implement a sepsis care program. The goals of the team were to:

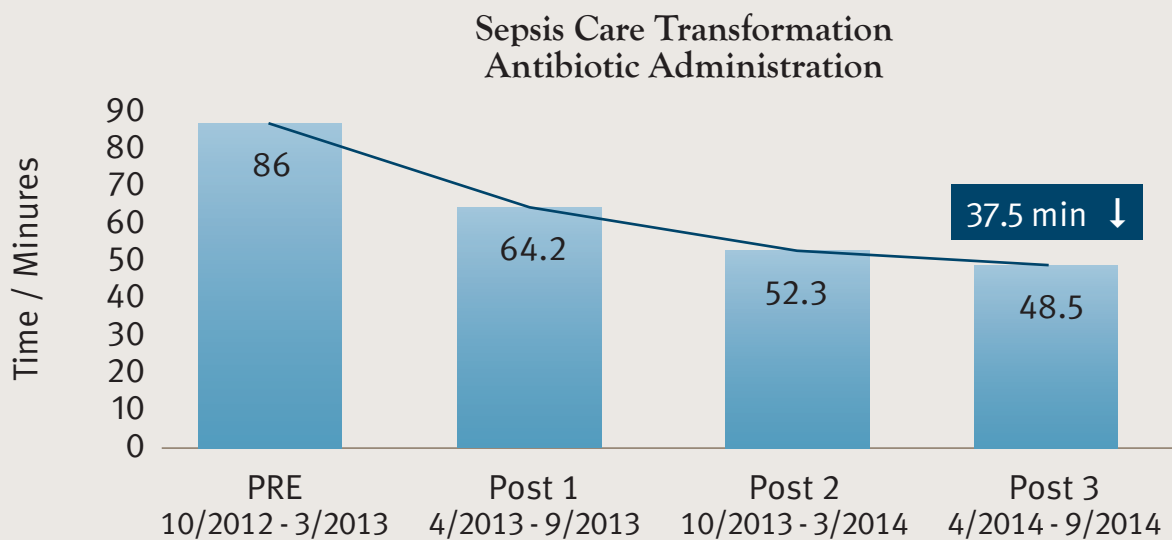
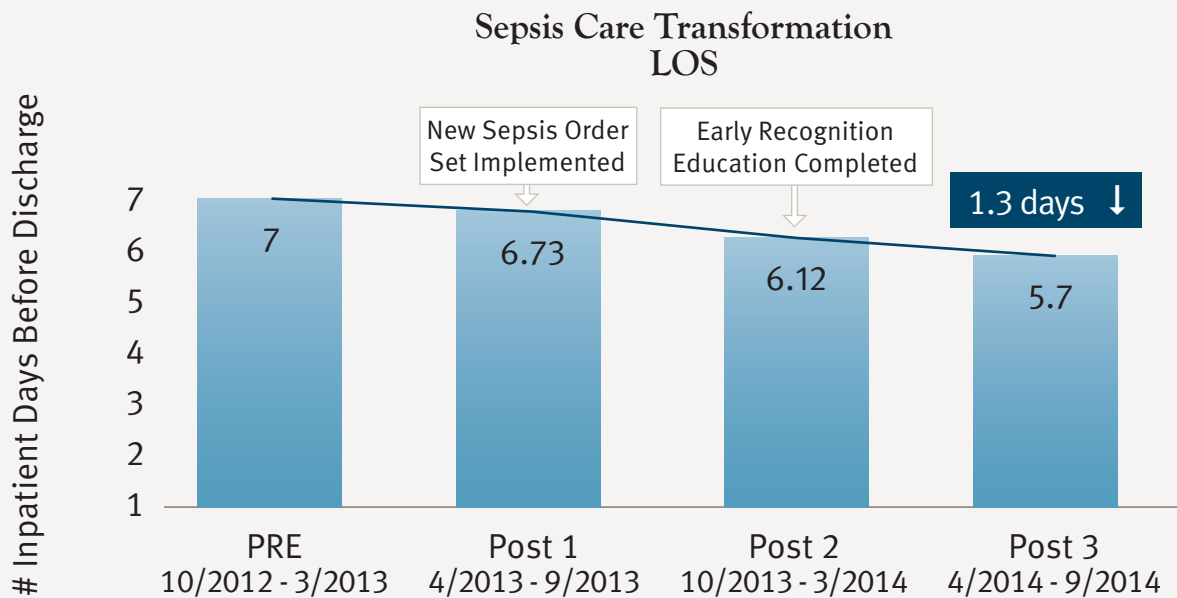
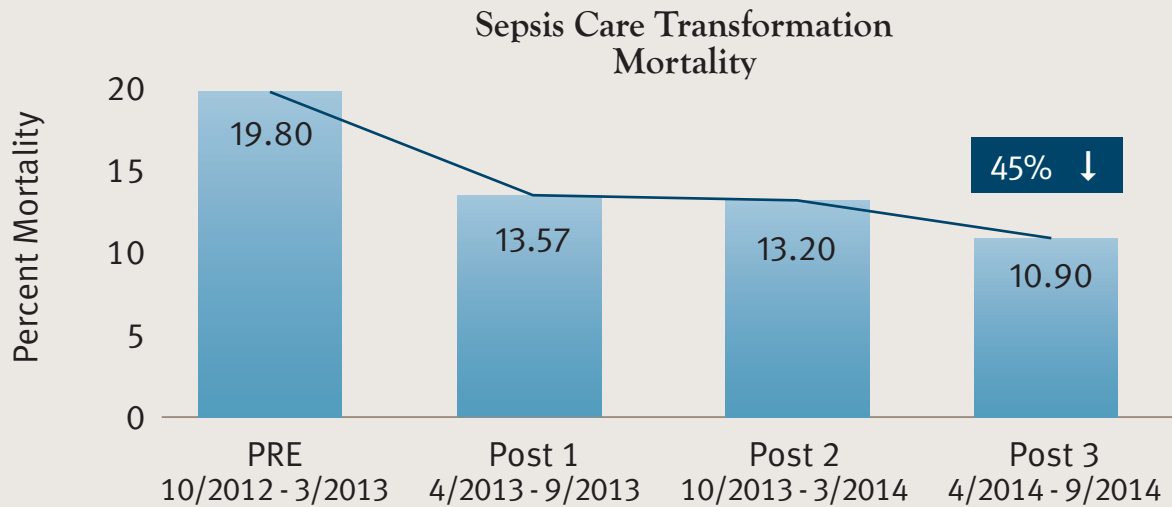
1. Reduce sepsis patients' length of stay from baseline (Q1FY13) by 0.4 days by Q4FY14.
2. Reduce sepsis patients' mortality rate from baseline (Q1FY13) by 5% by Q4FY14.
3. Improve diagnosis to antibiotic administration time in the Emergency Department from baseline (Q4FY13) to less than 60 minutes by Q4FY14.

The team evaluated current state of MMC sepsis outcomes and opportunities for improvement. Using the Surviving Sepsis National Evidence-based Guidelines, order sets were developed based on the guideline's recommendations and implemented. Inter-professional education was completed to enhance early recognition of sepsis.

The Sepsis Clinical Transformation Team exceeded all outcome goals as illustrated in the table below.

	2013 Baseline	Goal	2013 Outcome	Reduction
Mortality	19.8%	Reduce by 5%	1.9%	45%
LOS	7.0 days	.4 days	5.7 days	19%
Antibiotic Administration	86 min	< 60 min	49 min	43%

The involvement of an engaged inter-professional team with clinical nurses from medical-surgical, emergency and critical care areas was vital to the success of the outcomes. The team work has allowed individual patients to survive sepsis, the ultimate goal of the work. Although the initial scope and timeline of the MMC Sepsis Clinical Transformation Team was to be completed by FY14, it has become obvious that the best way to further impact outcomes is to focus on patients prior to admission to the Emergency Department. Efforts are underway to partner with our colleagues in long-term care to better identify the high risk patients, recognize the early signs of sepsis to prevent septic shock, and work with our local EMS responders for better intervention prior to hospitalization. We are also developing a nurse-driven protocol to continue to provide early intervention.





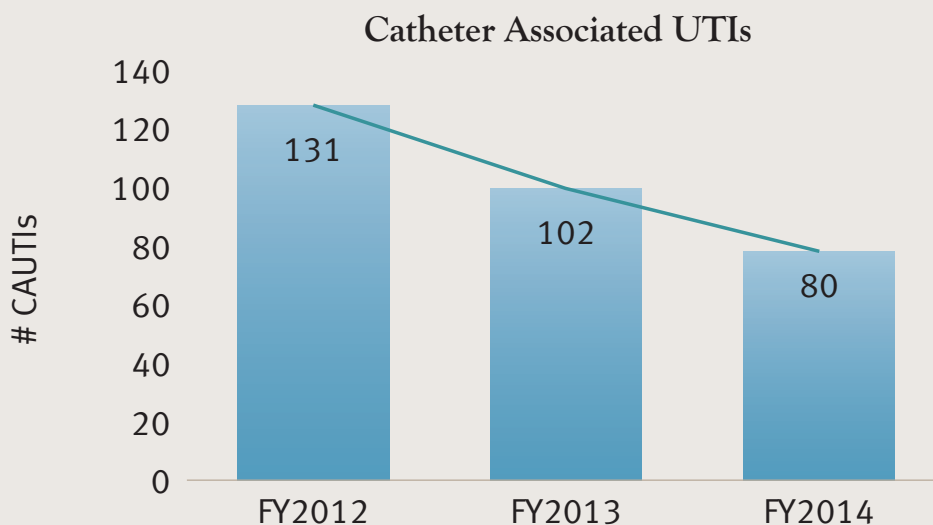
# Partnership – Shared Governance

## CAUTI Reduction

Maine Medical Center is committed to decreasing all hospital acquired infections. Over the past two years, an inter-professional team comprised of nurses from all inpatient units have been working together to achieve exceptional results in decreasing catheter associated urinary tract infections (CAUTI). In January 2013, the team formed under the leadership of Joanne Chapman, MSN, M.Ed., RN, NE-BC, Director of Professional Practice and Julia Dalphin, Director, Regulatory Affairs. A medical hospitalist joined the team as the hard work began. Using guidelines by APIC, CDC and IHI, and evidence found in the professional literature, the team developed a robust action plan. The focus was to

review every catheter for appropriate indications and to remove the catheter if it was not indicated. This push for appropriate indication of catheters led to a marked decrease of 53% from baseline (2012) to 2014.

This robust action plan included aseptic insertion training for every RN and care and maintenance education for nursing assistants, RNs, technicians and occupational therapists. Additional bladder scanners were secured so that every unit had a bedside bladder ultrasound. Weekly auditing of the care bundle was conducted with real time results posted to the unit. As a result of this work, CAUTI infections have decreased by 39% from 2012 to 2014.



## Pediatric Short Stay Unit

On August 25, 2014 the Pediatric Short Stay Unit (PSSU) became a reality. Because the Barbara Bush Children's Hospital pediatric inpatient unit (BBI) is frequently at full occupancy, BBI clinical nurses, along with Nicole Manchester, MS, RN, Nursing Director, BBI and Gail Chop, BSN, MSB, RN, NE-BC, Vice President, Women & Children's Service Line, led an inter-professional team to look at solutions to improve patient flow and reduce the time patients spend waiting in the Post Anesthesia Care Unit or Emergency Department.

Additionally, the unit design involved staff focus groups to provide input to types of patients and

equipment/supplies needed for safe patient care. Multiple meetings with storeroom, electronic medical record analysts and facilities helped ensure the right equipment, supplies and settings were available for the patients and nurses.

This unit is designed for patients receiving outpatient infusions, bedded outpatients here following surgical procedures, and patients who don't require a long stay. The presence of dedicated short stay units is becoming a standard of care in children's hospitals across the country and internationally.

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## RN Peer-to-Peer Support Program

*Caring for Caregivers: Attaining a Healthy Care Environment*

The Department of Nursing is pleased to be partnering with the medical staff to implement a peer-to-peer support program modeled after the successful program at Brigham and Women's Hospital. In June 2014, 11 MMC RNs were trained by Jo Shapiro, M.D., who developed the program for providers at Brigham and Women's Hospital. The goal of the RN Peer-to-Peer Program was to develop a network of clinicians trained to help their colleagues deal with adverse events and other stressors. The development of the program was aligned with the 2012-2014 Nursing Strategic Plan to increase staff resilience and retain nursing staff. The inter-professional partnership with the medical staff was essential to create a standardized process for providing supportive care to colleagues.

Evidence supports implementation of a program to support peers when errors occur to prevent "second victim syndrome." Second Victim is defined as a health care provider involved in an unanticipated adverse patient event, medical error, or patient-related injury who becomes victimized in the sense that the provider is traumatized by the event. All members of the team are susceptible to error and vulnerable to its consequences.

## Council Accomplishments

**S**hared Governance is alive and well at MMC. In January 2013, the All Council Meeting was born as a result of staff feedback and input on how to make the councils more collaborative. This quarterly council meeting combines all the MMC Nursing Councils into one large meeting to share and collaborate on initiatives across practice, quality, research, Magnet, clinical nurse advancement, and informatics. As a result of this meeting, staff have a broader perspective on the work being done across the institution. Highlighted below are some of the accomplishments of the councils.

### Clinical Nurse Advancement Program Council

- ◆ Exceeded our goal of increasing number of staff advancing by 10% from 2013 to 2014.
  - › 26 Advanced (19 to CN3; 7 to CN4)
- ◆ Raised criteria for Advancement – Educational requirement effective October 1, 2014
  - › CN3 has a BSN or is matriculated in a BSN program AND is certified in specialty
  - › CN4 has a BSN AND is certified in specialty
- ◆ Mentoring program (consisting of Council members) to assist applicants in development of their portfolios.

### Magnet, Marketing & Communications Council

- ◆ Community Outreach – provided health fairs as well as collection of items needed at the venues we visited: Preble Street Teen Center (December 2013); Portland Adult Education Center in collaboration with Portland Community Health (May 2013); Maine Mall (February 2014); Bark for Life (May 2014); Portland Boys & Girls Club (October 2014)
- ◆ Nursing Recognition - Daisy Award Program established in 2013.
- ◆ Nursing Certification: continuous work on eliminating barriers to certification by providing programs such as Fail Safe, Take 2, and creative in-house programs. Celebrated Certified Nurses Day with recognition and sharing information on

the process and benefits of being certified as well as celebrating our certified nurses.

- ◆ Communication - “Magnet Moments” publication celebrating and sharing individual and group achievements across the organization.

### Nursing Informatics Advisory Council

- ◆ Created May 2014 with development of Team Charter, Goals and published scorecard.
- ◆ Optimizing Workflows
  - › 88% of workflow enhancements introduced and approved in 2014 went live in production by year’s end
  - › Documentation enhancements included edits to PCA, neurovascular, restraint, critical values, fall risk, edema assessment, pain reassessment, and code narrator documentation
- ◆ Member Satisfaction
  - › Survey sent to council members to ensure this new council was meeting members’ needs and their concerns were addressed
  - › Council involved in decision making and agenda planning using the shared governance model

### Nursing Quality Council

- ◆ Quality Council supported the measuring and monitoring of clinical partnership rounds after inconsistent practice was identified in bedside handoff. Quality Council partnered with Practice



Council to reintroduce the evidence-based practice and monitor practice so that practice is sustained.

- ◆ In alignment with the nursing strategic plan, Quality Council monitors nurse and patient sensitive indicators. Drops in rates of nurse sensitive indicators can be attributed to the sub committees of Nursing Quality that have worked on these initiatives.
- ◆ As a result of the work of committee members, an expanded council was recommended to include all patient care disciplines. Inter-professional Quality Council begins in Fiscal Year 2015.

### Nursing Practice Council

- ◆ Policies related to nursing are reviewed, modified and approved by the Practice Council. Clinical RNs are the policy sponsors and collaborate with stakeholders to update and evaluate the policies based upon the most recent evidence. In 2013 and 2014, 130 policies and 8 clinical practice guidelines were reviewed in each year.
- ◆ With the implementation of a new electronic health record in December 2012, the Practice Council was an instrumental partner in the stabilization and optimization of this new platform. Practice Council increased meeting times to two times per month to partner with Information Services to enhance workflow. Over 47 initiatives were implemented prior to the formation of the Nursing Informatics Council.
- ◆ In an effort to decrease hospital acquired infections, practice changes based upon the evidence were implemented. CAUTI prevention initiatives implemented seven practice changes during the past two years. Changes included the adoption of new insertion kit that included peri care prior to insertion, change to smaller catheters, new securement devices and standardization of products across the hospital.
- ◆ Practice Council is responsible for reviewing and approving new products. Partnering with Supply Chain a more streamlined process was developed. Thirteen new products were approved.

### Nursing Research & Innovations Council

- ◆ Established quarterly nursing grand rounds – these presentations are disseminating the results/outcomes of our staff's research, quality improvement and evidence-based practice projects.
- ◆ Developed the CoMET (Collaborative Model of Evidence Translation). The model has been disseminated internally and externally (full symposium presentation at Sigma Theta Tau's International Conference in Prague; July, 2013 and Magnet Conference in Texas; October 2014) and promoted the use of this model increasingly.
- ◆ The Knowledge Bank continued evolving; the technical sub-committee was invited to introduce this achievement in the Sigma Theta Tau's 60th Anniversary Celebration in Boston (February 30, 2014).

### Clinical Ethics

- ◆ The Clinical Ethics Committee remains active and vibrant, providing ethics consultations, ethics education and policy development to the MMC community. Over 110 ethics consults provided each year.
- ◆ The Clinical Ethics Committee is comprised of one-third nurses, one-third physicians and one-third other professionals and community members. These members are identified by a nominating committee to be broadly representative of MMC and approved by executive leadership.
- ◆ In 2014, the committee asked a task group to provide a best-practice analysis of the ethics consultation service. Based upon recommendations from the task force, in 2015 structural, educational and process changes were made to the committee to enhance the ethics consultation service.
- ◆ Committee member education is a priority identified by the task force. Numerous external educational opportunities were accessed by committee members.





# Partnership – Expanding Knowledge

## Center for Clinical & Professional Development

**M**aine Medical Center is committed to its role in the provision of education for health care professionals not only within Maine Medical Center but throughout and beyond the State of Maine. In support of our mission and organizational priorities, the Center for Clinical & Professional Development (CCPD) operates in partnership with colleagues in nursing and other disciplines to promote best practices, quality health care and outcomes, and professional advancement. The Center offers a continuum of services designed to provide and impact direct patient care and to build upon the educational and professional bases of nurses, students, and other members of the health care team in accordance with the complex demands of today's health care environment.

### Maine Medical Center & the UHC /AACN Nurse Residency Program (NRP)

Development and implementation of a Nurse Residency program was identified in the 2012-2014 Nursing Strategic Plan as a key strategic area. Upon researching the literature and exploring existing nurse residency programs, MMC invested in and adopted the University Health Systems Consortium/American Association of Colleges of Nursing (UHC/AACN) New Graduate Nurse Residency Program. With over 100 hospitals nationwide committed to the UHC/AACN Nurse Residency Program™, Maine Medical Center is one of only five health care organizations in New England and the only one in Maine. The UHC/AACN contract with MMC was adopted in January of 2014 with the first cohort beginning August 2014. MMC's Program incorporates a year-long series of monthly learning experiences designed to support new nurses as they transition into professional nursing practice.

All MMC new nursing graduates with less than one year of experience in acute care and regardless of clinical setting will participate in our residency program. The residency is an adjunct to the general nursing and clinical orientation and will begin after several weeks of clinical orientation.

The Center for Clinical & Professional Development in partnership with the nurse research specialist in our Center for Nursing Research and Quality Outcomes is engaged in a formal research project to measure specific outcomes associated with the NRP which includes comparison of resident cohort outcomes to those of a control group comprised of RN new graduates hired by MMC prior to the implementation of the NRP. We will then be able to evaluate not only its impact within our own organization but also be able to benchmark against other organizations across the country.

## Provision of education for health care professionals not only within Maine Medical Center but throughout and beyond the State of Maine

### Nursing Academic Affairs

MMC continues to forge partnerships with several in-state and out-of-state colleges and universities. Partnerships continue to be fostered to accommodate the large number of students throughout various programs and levels who would like experiences at MMC.

#### Academic Affiliate partnerships

- ◆ 2013: 22 partnerships
- ◆ 2014: 27 partnerships
- ◆ 1,300+ undergraduate clinical placements for nursing students each year
- ◆ Senior nursing students practicums with one-on-one MMC RN preceptors:
  - › 2013-2014: 289 from eight different programs for a total of 45,253 hours of precepted experiences with MMC RNs.
- ◆ Graduate student practicums with nursing and/or interprofessional preceptors in advance practice and generalist specialties:
  - › 2013-2014: 20 students from six programs (20 NP students; 6 CWOCN students) for a total of 3,476 hours of precepted experiences.



Nursing Residency Program – Cohort 1



Nursing Residency Program – Cohort 2

## Student Nurse Employment Program (SNEP)

Maine Medical Center's Student Nurse Employment Program (SNEP) is a summer program specifically designed for nursing students who would like to gain valuable clinical experience. The nursing student works in a clinical setting with an RN preceptor who is an experienced nurse assigned to work closely with the student to help him or her build confidence and skills in nursing practice. This 320 hour, paid summer experience enhances the student's education and promotes the development of critical thinking, communication skills, psychomotor skills, and acclimation to the health care environment. During 2013-2014, 56 individuals in nursing programs participated in the program.

## CNA Program

Maine Medical Center's Certified Nursing Assistant (CNA) Program, in affiliation with Portland Adult Education, is still going strong completing its 14th year in 2014 with over 1,000 graduates to date. Ninety percent (90%) of these graduates are hired by MMC.

The CNA program serves a need for MMC and for the community. The CNA program gives participants the opportunity to explore the nursing field or other health care related fields. Many of our CNA graduates are now RNs at MMC having continued their education while working as CNAs. Other graduates have pursued further health care education including the surgical technology, radiology, respiratory therapy, and physician assistant programs. We recognize the valuable role of our CNAs within the health care team and are committed to their initial and ongoing education and continued development.

## Continuing Education

Maine Medical Center is an American Nurses Credentialing Center (ANCC) Accreditation as a Provider of Continuing Nursing Education since 1984 with most recent reaccreditation awarded in 2012 through November of 2016.

Our continuing education activities and accredited contact hours awarded to RNs as an ANCC accredited Provider Unit for 2013 and 2014:

- ◆ 2013: ~8,000
- ◆ 2014: ~9,500

## Outreach Education: Partnerships Across the State of Maine

### Perinatal Outreach

The Perinatal Outreach Program provides for interprofessional education and support of perinatal related task force initiatives throughout the State of Maine by our grant-funded, interdisciplinary perinatal outreach team under the leadership and coordination of Kelley Bowden, MS, RN, Perinatal Outreach Nurse Educator. Goals specific to the program include:

1. Reduction of the preterm birthrate in Maine.
2. Reduction of maternal, fetal, and infant mortality and morbidity in Maine.
3. Strengthen factors that contribute to safe and healthy perinatal outcomes.
4. Promote and sustain a statewide system of high quality perinatal services that are accessible to all residents.
5. Activities include formal onsite lectures at all Maine birthing hospitals, perinatal transport case conferences, high fidelity simulation training, statewide conferences, participation in state public health task forces, and real time clinical consultation services. Statewide collaborative partnerships and forums are key components of the program including regular meetings with and targeted education for all Perinatal Nurse Managers in Maine.

### Outreach Education Council

Created as an informal multi-hospital educational cooperative in 1981, the Outreach Education Council (OEC) in 2014 completed its 33rd year of programming to address continuing education needs of RNs and other health care professionals practicing within member institutions. Currently comprised of 18 Maine hospitals including MMC, the OEC provides a series of educational conferences each year in alignment with needs of member hospitals. Originally intended for RNs in critical care, the program now has relevance for health care professionals in multiple settings and roles. MMC serves as the administrative and educational base for the organization.



## IOM and Magnet Call for 80% BSNs by 2020

Maine Medical Center has developed a multi-faceted action plan to increase the number of Baccalaureate prepared nurses at the institution. New RNs without a BSN, sign an agreement to enroll in a BSN program within one year of hire and complete the degree within 5 years of hire date.

Creating an environment that is supportive of the returning student has been another major focus. MMC has developed multiple relationships with area BSN schools to promote the best opportunities at the lowest cost for RNs to be successful in achieving a BSN. To date, our BSN rate is 67.68%.

## Nursing Scholarship

Maine Medical Center's Development Office works diligently with community members in building our Nursing Scholarship program. Through their efforts, we are able to offer a strong nursing scholarship program to support our staff towards their RN or higher nursing education degree. Over the last two years, we have added four new scholarships. It is because of our strong scholarship program that MMC can support staff that might not otherwise be able to pursue a nursing career. During 2013 and 2014, 197 MMC staff received \$194,926 in scholarship monies.



2013 Nursing Scholarship Recipients



2014 Nursing Scholarship Recipients

## Professional Nursing Certification

Given the impact on patient safety and outcomes, we continue our commitment to support our nurses in attaining professional certification in their clinical specialty. Through the provision of certification preparation review programs by national faculty and contractual agreements with nursing professional organizations which allow for certification group rates and deferred billing, we create enhanced staff opportunities for attainment. Clinical staff has been instrumental in forging the partnerships with the professional organizations to make certification accessible and affordable for all staff.

In 2013, several certified nurses accepted the early retirement package offered, dropping our baseline certifications by 5%. With the continued commitment to certification, during 2013-2014, professional nursing certification rates increased by 3% over our baseline, which is approximately 8% of nursing obtained certification during this time period.

RN NAME	CERTIFICATION	RN NAME	CERTIFICATION
Adams, Virginia	CRNA	Benger, Jeanne M.	CCRN-Adult
Addicott, Katharine	FNP-BC	Bennett, Kathleen C.	CCRN
Ahlquist, Sandra D.	RN-BC	Bennett, Kathleen S.	CCRN
Akerson Green, Donna	OCN	Bennett, Kristi A.	RNC-NIC
Albert, Angela M.	APMHNP-BC	Bergeron, Nellie P.	OCN
Allegretta, Margaret P.	RNC-NIC	Bermingham, Kathleen L.	CEN
Allen, Colleen	CAPA	Bezanson, William H.	CEN
Alpern, Heidi J.	CRNA	Biery, Joanne E.	CPAN
Ambrose, John W.	CRNA	Biggar, Mary E.	CCTC
Amico, Elise M.	CEN	Bishop-Kodis, Ann F.	CEN, CPEN
Anderson, Austin T.	CCRN	Black, Rachel A.	OCN
Anderson, Katrina A.	CNOR	Blackerby, Mary	CMSRN
Angell, Glenn P.	CCRN-CSS	Blades, Elizabeth R.	CDE
Arruda, Elizabeth	CMSRN	Blais, Michelle S.	OCN
Asbury, Joshua M.	CRNA	Blaszyk, Gina M.	ACHPN, OCN
Assante, Ellen R.	APMHNP-BC	Boatman, Elisha M.	CMSRN
Atherton, Ann M.	CCM	Bonney, Katie B.	CCRN
Aurigemma, Ronda	RNC-OB, NNP-BC	Bouchard, Marcia L.	CGRN
Aylward, Deborah L.	CNOR	Boulos, Theresa R.	CCRN
Babb, Terri A.	RNC-NIC	Bowden, Melissa E.	CEN
Babine, Rhonda L.	CNS	Boyington, Amy M.	OCN
Bachand, Deborah T.	NE-BC	Boyle, Colleen M.	CNRN, CCRN
Bailey, Lisa N.	RCES	Bradford, Marcia Y.	RN-BC
Bailey, Ursula	ONC	Bradstreet, Jonathan B.	CRNA
Baker, Caroline A.	ANP-BC, CGRN	Brady, Linda K.	RNC-NIC
Balzano-Cowan, Katherine A.	CCRN	Brancely, Katherine F.	CCM
Barajas, Linda J.	CCRC	Branco, Elaina M.	PCCn
Barber, Deborah D.	OCN	Brennan, Mary A.	CAPA
Barra, Laura R.	CCRN	Breuer, Keri P.	CPAN
Barrett, Barbara A.	CCRN	Bridges, Jennifer S.	CCM
Bartholomew, Marcia A.	CCM	Brodsky, Lori	FNP-BC
Bartram, Christine M.	CCRN	Brooker, Myra K.	CMSRN
Baybutt, Stephen	RCES	Bubar, Jennifer L.	SANE
Bejcek, Beth E.	IBCLC	Burgess, Gail M.	CNOR
Belanger, Cindy I.	CMSRN	Burgess, Joanne S.	CCRC
Benevento, Emily A.	RN-BC, CMSRN, CCRN-Adult	Burke, Bridget A.	CPHON, CPON

*Continued*

RN NAME	CERTIFICATION	RN NAME	CERTIFICATION
Burke, Laura P.	CMSRN	Dunning, Robert B.	OCN
Bussiere, Jennifer G.	CDN	Dunnington, Michael J.	CCRN
Cahoon, Susan L.	CCM	Duperre, Carole B.	CIC
Caiola, Rachel S.	CNRN	Duplinsky, Catherine A.	CCE
Call, Karol E.	CMSRN	Dutton, Theolonius W.	CCRN
Callnan, Maureen E.	APMHNP-BC	Duval, Danielle	ANP-BC
Camire, Sarah A.	FNP	Dyer, Kaitlin J.	FNP-BC
Cappen, Shannon M.	CPHON, CPON	Dyroff, Janet Y.	CHES
Carland, Celine A.	CNOR	Eastman, Russell A.	CNOR
Caron, Amanda C.	CMSRN	Edgecomb, Arthur J.	CCRN
Carroll, Ann T.	NNP-BC	Eldridge, Karen A.	CCM, CHES
Carter, Veronica	IBCLC	Emerson, Heather	APMHNP-BC
Casali, Tina A.	RNC-OB	Enochs, Elaine	CAPA
Chapman, Joanne L.	NE-BC	Esposito, Anne H.	CMSRN
Chase, Robin L.	CCRN	Fairfield, Dawn M.	CEN
Chefalo, Giavanna	CNRN	Fairfield, Melissa A.	CEN
Chickering, Hillary E.	CMSRN	Farrar, Andrea J.	RNC-NIC
Chop, Gail W.	NE-BC	Farrell, Nicole R.	CCRN
Clark, Brenda T.	CMSRN	Fecteau, Diane L.	CASC
Clark, Janelle	RN-BC	Foley, Erin	CRNA
Clark, Janelle	RN-BC, CCRP	Foley, Tricia P.	CWOCN
Clement, Diane M.	CDIP	Fonshill, Linda J.	CEN
Cobb, Olia S.	CCM	Foreman, Leslie E.	OCN
Coelho-Herron, Kyle A.	CMSRN	Fortier, Nicole M.	CMSRN
Cole, Rachel A.	CRNI	Fournier, Amy L.	CNOR
Collins, Jacqueline	CCM, CNE, IBCLC	Fournier, Sandra L.	RNC-NIC
Cook, Valerie M.	NNP-BC	Franciose, Bridget R.	ANP-BC
Coolidge, Jessica L.	CMSRN	Frank, Janna M.	CAPA, CMSRN
Coombs, Kellie A.	CNOR	Frank, Susan K.	CNOR
Cooper, Kristen N.	CNOR	French, Kimberly W.	CCRN
Corrow, Elaine M.	CPAN	Fuller, Heidi M.	CCRN
Cox, Brienne L.	CRNA	Fuller, Valerie J.	ACNP-BC, AGACNP-BC, FNP-BC
Creedon, Paul T.	FNP	Gagne, Kathleen J.	CNOR
Cressey, Judith A.	CE	Gallant, Paulette S.	CNL
Crotteau, Kelly M.	RNC-LRN	Gatcombe-Hynes, Leslie A.	APMHNP-BC
Cullenberg, Christine C.	RNC-OB	Gendreau, Wayde A.	CNOR
Cyr, Andrea M.	PCCN	Gilbert, Jaclyn	CAPA
Cyr, Gregory A.	CRNA	Gilmore, Jenny L.	CMSRN
Cyr-Alves, Helen M.	CCRC	Godfrey, Catherine A.	CRNA
D'Agostino, Kristine B.	CRNA	Gogan, Jacqueline	CMSRN
Daigneault, Joanne M.	CNOR	Goodson, Charlotte F.	IBCLC
Day, Niki A.	CRNA	Goodwin, Patricia A.	NRC
Dean, Dennis A.	CRNA	Gordon, Brandi L.	CMSRN, CNL
Decesare, Lisa M.	FNP-BC	Gordon, Donna L.	ANP-BC, FNP-C
Delaware, Tonja	CCRN	Goudey, Nancijean S.	CEN, CPEN
Delisle, Stephanie Y.	OCN	Grant, Bettyanne H.	CNRN
DellaTorre-Palloszi, Cynthia L.	VA-BC	Gray, Anne-Marie P.	CCRN-Adult
Dennison, Sarah V.	CMSRN	Grazewski, Margaret M.	RNC-OB
DiBiase, Gina	CNOR	Greene, Holly K.	CBN
Dickson, Judith L.	OCN	Gregoire, Deborah A.	CPAN, CCRN
Diconzo, Diane M.	CCRC	Griffin, Devdra	WHNP-BC
Dirrigl, Sheridan N.	CIC	Groff, Deborah	RN-BC
Dodge, Tiffanie J.	OCN	Gronberg, Karen A.	ANP-BC
Dongo, Cynthia J.	CMSRN	Gross, Janet T.	CMSRN
Donovan, Karen E.	CRNA	Guerdan, Elizabeth	CCRN-CSS
Douglass, Amy S.	CMSRN	Gullikson, Kimberly A.	CEN
Doustou, Angel	CMSRN	Gwinn, Heidi A.	CMSRN
Drury, Alison L.	CRNA	Hagerman, Catherine P.	CRNA
Dunfee, Colette L.	RNC-OB	Hale, Carolyn A.	CCM

RN NAME	CERTIFICATION
Hall, Ellen R.	CMSRN
Hall, Tracy L.	CMSRN
Hamilton, Lance P.	CRNA
Hanselman, Lesley J.	CHFN
Hardy, Bethany M.	RN-BC
Harpell, Sandra L.	CNN
Harper, Susan	CCM
Hart, Mindy V.	CRNA
Haskell, Wendy J.	CEN, CPEN
Hassett, Kathleen C.	RNC-OB
Hayworth, Lois M.	CPAN
Hearst, Laura	CRNA
Heckman, Melissa S.	CMSRN
Hendrickson, Katherine M.	CCRN
Heney-Bergen, Margaret A.	CRNA
Higgins, Marshall J.	CRNA
Higuera, Olga L.	CMSRN
Hnatko, Barbara	RN-BC
Hoch, Deborah A.	ACNP-BC, CCRN-Adult
Holloran, Susan S.	CRNA
Honess, Cynthia A.	CNS
Hopwood, Josephine K.	PCCN
Hothersall, April R.	OCN
Hourihan, Patricia	CCE
Huck, Lynn M.	ANP-BC
Hutchins, Stephanie M.	CMSRN
Hutchinson, Carla R.	OCN
Inman, Cecilia M.	RN-BC
Inman, Tina M.	CEN
Irish, Debra L.	CNOR
Jackson, Deborah J.	CCRN
Jackson, Michael J.	CNOR, RNFA
Jacobs, Jana L.	CMSRN
Jacobson, Linda H.	PMHCNS-BC
Jensen, Tiffany S.	CMSRN
Jesseman, Cynthia L.	NNP-BC
Johnson, Deborah A.	RN-BC
Johnson, Jamie L.	CMSRN
Johnson, Jennifer L.	RNC-MNN
Johnson, Jessica	CCRN
Johnston, Anita	CNOR
Jones, Cynthia A.	CNOR
Jordan, Deborah M.	CCM
Josti, Linda M.	CCRN
Joy, Charlotte L.	CMSRN
Jurgilas, Susan A.	HP
Kast, Ellen R.	CNOR
Kavanagh, James R.	OCN
Keane, Kathleen M.	CCRN-Adult
Kelley, Jennifer L.	FNP
Kelley, Jennifer L.	RNC-MNN
Kenney, Dorothy M.	CCM, CMSRN
Kent, Melanie F.	CRNA
Kerr, Judith	ANP-BC, RNFA
Keyes, Breanne M.	CRNA
Kilbride-Johnson, Cynthia L.	CNRN, ONC
Killinger, Andrea C.	RN-BC
Kissin, Annette M.	NNP-BC
Koeller, Sandra L.	CGNP, PMHN

RN NAME	CERTIFICATION
Kramlich, Kristan S.	CMSRN
Kulaga, Brandy E.	ACNP-BC
Labbe, Debra L.	RCES
Lagana, Emily	FNP-C
Lambert, Denise E.	CBCN, CBPN-IC
Lamore, Stacy L.	CLC
Lancaster, Kelly E.	CAPA
Langella-White, Catherine E.	CCRN
Lapointe, Catherine S.	ANP-BC, CBN
Largey, Elizabeth A.	RN-BC
Lefebvre, Kandy J.	CEN, CPEN
Lefebvre, Melissa J.	FNP-BC
Legassey, Angela M.	RNC-MNN
Leland, London C.	ACNP-BC
Lepage, Kerry L.	CNOR
Lessard, Darlene D.	FNP-C, RNFA
Letourneau, Lisa L.	CPN
Lewis, Jennifer C.	CRNA
L'Heureux, Kimberly	CPON
Lightbown, Michael A.	CNOR
Lord, Christine A.	RN-BC
Lord, Melanie R.	CPN
Lyons, Tamsen E.	RN-BC
Maataoui, Tayeb	OCN
MacDonald, Patricia R.	CMSRN
MacLeod, Daniel J.	OCN
MacLeod, Heather M.	CNRN
Malia, Deborah P.	NCSN
Manchester, Nicole L.	CNL
Mann, Megan C.	CEN
Manning, Lora L.	CRNA
Marchigiano, Gail	CCRN-Adult
Marcotte, Mallori M.	CMSRN
Marlowe, Kathleen	CNOR
Martin, Kristen M.	ANP-BC, RNFA
Marx, Kelly	CRNA
Matthews, Robin A.	CEN, CPEN, SANE
McAlary, Patrick J.	CCRP, CNL
McAlevey, Lindsey L.	CNOR
McCarter, Susan A.	CEN, CPEN
McCarthy, Jillian C.	RNC-OB
McCleish, Tammy W.	CAPA
McClure, Cynthia	CEN
McDonough, Michael J.	CEN, CPEN
McDougal, Heather L.	CNRN, CNOR
McGowan, Tina M.	CNOR
McGranahan, Barbara	CCM
McInnis, Kimberlee A.	OCN
McKenney, Brittany M.	CMSRN
McLaughlin, Joanne M.	IBCLC
McNally, Kathleen A.	CRNA
McNeil, Jamie L.	RCES
McPherson, Debra J.	RN-BC, VA-BC
Melanson, Paulette J.	CMSRN
Melvin, Katrina M.	CMSRN
Messenger-Rioux, Carole B.	NNP-BC
Meyers, Philip D.	CRNA
Miller, Dawne E.	FNP-C
Mimeault, Claudette	CEN

Continued



RN NAME	CERTIFICATION	RN NAME	CERTIFICATION
Miner, Claire A.	CRNA	Rathbone, Cynthia L.	CEN, CPEN
Misterovich, Ann E.	CRNA	Ray, Elese	CPN
Mita, Martha	CGRN	Reader, Nichole	FNP-C
Mitchell, Heather L.	SANE	Rec, Jayme S.	OCN
Moloney, Erin	CEN	Recknagel, Kathryn P.	RNC-NIC
Morin, Rebecca D.	ANP-BC	Reed, Jennie I.	CMSRN
Morris, Amanda J.	PCCN	Reed, Jessica A.	CNOR
Morse, Carol J.	CMSRN	Reed, Virginia A.	OCN
Mullany, Elizabeth	APMHNP-BC	Reeder, Susan W.	CWOCN
Nadeau, Michael S.	CCRN	Reid, Lynn I.	ANP-BC
Nelson, Danielle M.	CAPA	Reid, Shannan L.	CNOR
Nevins, William F.	FNP-BC	Repele, Renate	OCN
Nichols, Janice	CNML	Reutt, Wanda	CCRN
Nichols, Lisa G.	CCM	Rieder, Lindsey	CNL
Nixon, Susan M.	CNOR	Riedmann, Mark	CRNA
Norton, Karen L.	EFM	Riehle, Martha A.	NEA-BC
O'Connor, Carrie L.	RNC-OB	Robbins, Christine L.	OCN
O'Donnell, Sabrina L.	CAPA	Robbins, Tracy L.	CCRP, OCN
O'Driscoll, Karen E.	OCN	Robinson, Colleen H.	RN-BC
O'Gorman, Annette	FNP-BC	Rock, Jessica B.	CPN
Oliver, Janet M.	RNC-OB	Rodrigue, Patricia A.	CRNA
Olmstead, Kyle L.	CRNA	Rogers, Gwen M.	CIC
Ontengco, Julianne B.	ANP-BC	Ross, Donna R.	PHCNS-BC
Orff, Sonja C.	CNL	Ross, Jeannie M.	CPNP-AC
Otis, Anthony T.	CCRN-E	Rossi, Michelle	OCN
Ouellette, Julie A.	CRNA	Rouleau, Darlene J.	CMSRN, CNL
Owen, Barbara L.	RN-BC	Russell-Duggan, Janet L.	CMSRN
Owen, Barbara L.	CMSRN	Salisbury, Shari L.	CSPI
Owens, Christina M.	FNP-BC	Satterfield II, Ronald S.	CRNA
Palmacci, Jo A.	PMHCNS-BC	Savage, Gail L.	CMSRN
Parise, Dana L.	CNOR RNFA	Schaffer, Vicki L.	NNP-BC
Parker, Sheila	NE-BC	Scher, Kristine W.	IBCLC
Patten, Katherine A.	CPEN	Schreiber, Christine M.	CPN
Patten-Pahel, Pamela J.	CNP	Schwarz, Emily	OCN
Pavao, Elizabeth A.	FNP-C	Schwarz, Tina Marie L.	CPN
Payne, Michael C.	CPN	Schwarzberg, Elyse B.	CRNA
Pearson, Bettina J.	IBCLC	Scott, Wendy K.	CCRN-Peds
Pecoraro, Angela M.	RN-BC	Seeger, Vonnett T.	CRNA
Perkins, Sonya M.	OCN	Sellinger, Ann Marie	CRNA
Perron, Tami W.	CSPI	Senko, Barbara L.	CEN, CAPA
Peters, Sarah K.	RN-BC	Sessler, Robyn C.	FNP-C
Pike, Jennifer M.	CMSRN	Shaffer, Nicole A.	CWOCN
Pike, Michelle L.	CPAN	Sheetz, Christine G.	CRNA
Piper, Elizabeth A.	RCES	Shields, Laurie B.	CRNA
Poirier, Matthew D.	CRNA	Shirley, Bobbi R.	CNL, OCN
Poirier, Noel M.	CCRN	Shriner, Rona	CPAN
Porcelli, Carrie N.	CNOR	Simmonds, Kathleen L.	CCM
Porter, Bertha	CCM	Skroski, Katherine D.	RN-BC
Powell, Michelle M.	OCN	Slivinsky, Brenda K.	CEN
Powers, Rosemarie T.	CGRN	Smart, Julie E.	CCRN
Preston, Lori A.	CRNA	Smith, Angela M.	CCRN
Pretorius, Jeanette	CNE, CMSRN, OCN	Smith, Cindy E.	CMSRN
Prokey, Sally A.	OCN	Smith, Elizabeth A.	CRNA
Prosser, Thomas	CNOR	Smith, Julia E.	OCN
Quimby, Cecilia	RN-BC	Smith, Lori	RNC-NIC
Quinlan, Victoria A.	CMSRN, OCN	Smith, Scott A.	CEN, CCRN
Quint, Nancy A.	CRNA	Smith, Shannon M.	CRNA
Quirk, Rhonda F.	CNOR	Souza, Karen E.	CPAN
Rand, Patricia M.	CCRN	Spear, Eleanor A.	CMSRN

## RN NAME CERTIFICATION

Sprague, Tina M.	CMSRN
Springborn, Janet L.	OCN
St Onge, Cheryl	CRNA
St Peter, Hidi L.	CMSRN
St Pierre, Jean M.	CRNA
Stacey, Mary E.	CNOR
Starbird-Richmond, Stacey L.	CDE
Stasinowsky, Patricia M.	OCN, VA-BC
Steen, Kyle T.	CRNA
Sterling, Elizabeth S.	PMHN
Stevens, Cynthia	CBCN, ONC
Stone, Lise M.	CRNA
Street, Christopher	CRNA
Strick, Carrie L.	CMSRN, CNL
Strum, Amy R.	CEN
Stuart, Elizabeth E.	CCE
Sturgeon, Lori E.	RN-BC
Sturges, Meredith	CRNA
Sturges, Sarah A.	CEN
Sweatt, Lori A.	SANE
Symanski, Sarah L.	CMSRN
Tanabe, Lynda M.	CAPA
Tanguay, Rose M.	CSPI
Tardif, Laurie	CCRN-CSS
Tate, Kristen	CRNA
Taylor, Roxanne M.	CPTC, CCTC
Teets, Lynne	CSPI
Theriault, Anne M.	CRNA
Thivierge, Beth A.	CMSRN
Thorpe, Donna M.	CMSRN
Touchette, Susan L.	CCM
Tourangeau, N J.	RN-BC
Tozier, Pamela K.	CCE, IBCLC
Tozier, Sarah	IBCLC
Trani-Fallon, Dawn B.	ANP-BC
Trenoweth, Matthew J.	CRNA
Tufts, Marianne G.	CNOR
Vachon, Diane D.	OCN
Vavra, Coraleen M.	CDIP
Vedral, Lorraine L.	CMSRN
Verdelli Jr, Angelo P.	OCN
Vest, Victoria	CNM
Viarello, Paula L.	RN-BC
Vreeland, Sarah J.	CNRN

## RN NAME CERTIFICATION

Wadman, Karen E.	NNP-BC
Walker, Debra K.	CCRN-Adult
Walker, Melinda B.	RNC-OB
Walton, Allison P.	CNOR
Wang, Wen	CMSRN, CCRN
Ware, Kathryn	CCM
Warner, Patricia V.	ACNP-BC
Wasowski, Andrew	OCN
Weber, Jessica H.	ACNP-BC
Wedgewood, Chadd R.	OCN
Weimer, Erin	CRNA
Weinstein, Mary	NNP-BC
Wentzel-Carrier, Diane M.	NNP-BC
Werner, Lynda E.	CAPA
White, Louise A.	CRRN
White, Lynne M.	CMSRN, CNRN
Wiggins, Marjorie S.	NEA-BC
Wildes, Julie A.	OCN
Williams, Darel D.	CRNA
Williams, Hannah R.	CNRN
Wilson, Debra L.	CMSRN
Wilson, Lauri A.	CMSRN, CNL
Winship, Barbara B.	CMSRN
Winslow, Susan J.	RN-BC
Withers, Andrea C.	CCRN-E
Woodin, Lien	CCRN
Woods, Bethany A.	CCRN-CSS
Worthing, Barry G.	CEN
Yates, Michelle M.	RNC-OB
Young, Cynthia J.	CDE
Young, Victoria J.	CPN
Zappala, Elaine M.	CCRN-CSS
Zelonish, Sharon D.	CPEN

Bobbi Shirley, MS, RN, CNL, OCN  
and Kellie Coombs, RN, CNOR, CN4,  
members of the Magnet, Marketing &  
Communications Council, at Certified  
Nurses Day Celebration





# Partnership – Innovations and New Knowledge

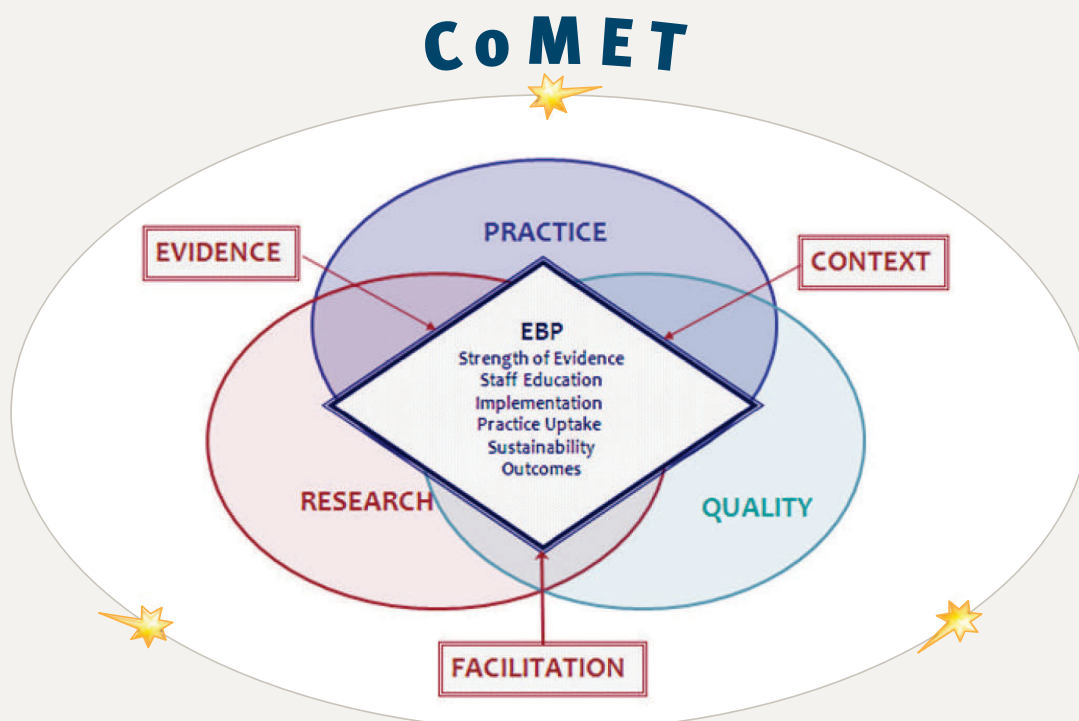
## CoMET in Action

### Developing a Culture of Nurse-Led Partnership Rounding Using a Translation Model and Council Collaboration

Partnership rounding is a nurse-led patient report that occurs at the bedside actively involving the patient and their family. This evidence-based practice was introduced in our organization in 2008-2009. In 2010, MMC nurses published an article reporting the positive outcomes of partnership rounding. In 2013, the Agency on Healthcare Research and Quality published

the “Nurse Bedside Shift Report Implementation Handbook” providing further evidence that bedside report facilitates communication. Although partnership rounding is recognized as best practice, sustaining a culture where partnership rounding is the norm has been challenging.

In 2013, a task force, that included the co-chairs of the Nursing Practice and Quality Councils, was initiated to ensure that best practice of partnership rounding was implemented and sustained on all units. The



Collaborative Model for Evidence Translation (CoMET) was developed and tested initially in 2011 by a team of nurses including Kelly Lancaster, MSN, RN, CAPA, CN3, Gertrude Kent, BSN, RN, Debbie Michaud, BSN, RN, CMSRN and Kristiina Hyrkas, PhD, RN. The model was used as the framework for this project.

Nurses were surveyed prior to re-implementation, unit champions were identified, and a staggered unit roll-out was designed to re-introduce the practice and evaluate at the unit level. Materials were developed by the staff to assist in the roll out based upon the survey results. Unit champions partnered with the unit quality council to measure and monitor progress. Peer review tools were developed and implemented as an additional quality measure.

Since re-introducing partnership rounding in April 2013, nine inpatient adult units have joined in collecting data on practice uptake and patient-centered outcomes. To promote sustainability, continuous data collection, monthly feedback to the units, regular updates during the council meetings and evaluation of

the effects on patient satisfaction (Hospital Consumers Assessment of Healthcare Providers and Systems [HCAHPS]) have occurred. The partnership rounding taskforce has remained active to ensure this initiative creates an empowering change in the culture of bedside report. Nurse satisfaction and patient perception surveys will be regularly collected until each unit achieves sustained practice (> 90% partnership rounding); at which time quarterly audits will be considered to monitor sustainability.

The Translation Model (CoMET) emphasizing shared governance and collaboration between the nursing councils at organizational and unit levels has been a helpful 'roadmap.' It has promoted and improved sustainability by systematically engaging staff nurses at the bedside in conducting continuous data collection, monthly feedback to the units, regular updates during nursing council meetings, and evaluation of the effects on patient satisfaction. The taskforce has remained active to ensure this initiative creates an empowering culture of bedside report.

## **Collaborative Model for Evidence Translation**

The model illustrates the collaboration between the councils and a pathway that describes the systematic approach and steps involved in the process. CoMET includes nine steps:

1. identification of the practice initiative/change,
2. critical appraisal of the evidence,
3. determination of appropriateness of practice initiative/change,
4. planning the education that fits the practice initiative/change,
5. customization of the implementation to best suit the practice initiative/change
6. facilitation,
7. determination of data points to monitor,
8. monitoring, reporting and evaluation of the outcomes, and
9. providing consistent feedback.

## Clinical Scholar Program

The Center for Nursing Research and Quality Outcomes has continued to organize the annual Clinical Scholar Program (CSP) which strives to build a strong foundation for evidence-based practice at Maine Medical Center and for other bedside clinicians throughout the state. Based upon participant feedback, the program is updated yearly. In 2014, the 10th anniversary of CSP, the program was revised and divided in two parts:

- ◆ Part 1: two Evidence-Based Practice (EBP) Workshops
- ◆ Part 2: three CSP Workshops

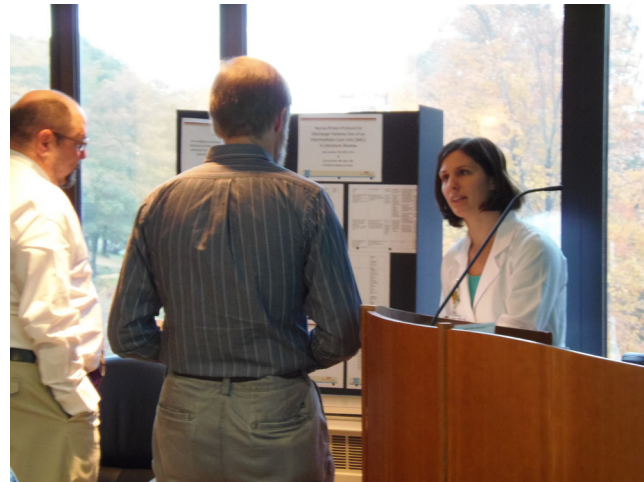
The EBP Workshops prepare participants to differentiate between EBP, quality improvements (QI) and research; critically appraise the literature; formulate a clinical (PICOT) question, and implement evidence into practice. At the end of the second workshop, participants interested in continuing with the CSP workshops and conducting their own EBP, QI, or research project complete an application, meet with their assigned mentors to begin exploration and planning of their project.

### The CSP workshops focus on:

- ◆ critiquing and summarizing the literature;
- ◆ compiling an integrative table;
- ◆ research ethics;
- ◆ IRB process;
- ◆ introduction to statistics;
- ◆ moving evidence into practice; and
- ◆ public speaking.

Participants of the CSP work closely with their mentors and in small-groups. Participants have the next five months to complete a critical appraisal of the literature, propose the projects to administration, implement interventions, collect and analyze data. In October, scholars share their projects as oral or poster presentations during the final workshop. Many projects are adopted by the scholars' workplaces and continue to impact clinical practice beyond the CSP. In addition to scholars' contributions to their immediate practice, many have achieved recognition at local, national and international conferences and some have been published in peer-reviewed journals.

In 2013, we had 22 participants and in 2014, 26 participants registered in the new program with 13 attending the EBP workshops and 13 the full program (EBP and CSP workshops). While most of the EBP and CSP attendees are nurses, respiratory, occupational and physical therapists, registered dietitians and other bedside clinicians have participated.



Carrie Strick, MS, RN, CNL,  
Clinical Scholar Program participant



Devdra Griffin, RN, Clinical  
Scholar Program participant



# Patient Care Services Research Studies

## Approved/Open

Anderson, Marguerite (Peggy), RN (Principal Investigator). Patient's perceptions of the use of the patient journal during their hospital stay (#3526). Approved/open 04/08/2009. Renewed 01/23/2013; 01/15/2014.

Beals, Caroline, OTR (Principal Investigator). Rehabilitation medicine mentoring (#4162X). Approved/open, exempt 03/20/2013.

Brewer, Sally, RRT. A Retrospective review of mechanical ventilation days, extubation and reintubation rates (#4401X). Approved/open, exempt 05/02/2014.

Campbell, Jacqueline, RN (Principal Investigator). Evaluation of acute care simulation scenario: Participant preparedness and confidence (#4226X). Approved/open, exempt 11/13/2013.

Corwin, Muriel, RN (Principal Investigator, Clinical Scholar Program/Midcoast). Does a self-care program have any relevance to promoting health and reducing stress in nurses working in acute care setting? (#4096). Approved 10/04/2012. Renewed, expedited 10/01/2013.

Crampsey, Elizabeth, OTR (Principal Investigator). The role of rehabilitation in the pediatric intensive care unit (#4243X). Approved/open 02/11/2013.

Crosby, Patricia, RN (Principal Investigator, Clinical Scholar Program). Monitoring/observation of post circumcision bleeding (#4149). Approved/open 03/04/2013. Renewed 02/19/2014.

Cyr-Alves, Helen, RN (Principal Investigator, Clinical Scholar Program). Perceived levels of stress and depression in fathers of infants admitted to intensive care unit and its changes over time (#4157). Approved/open 03/14/2013. Renewed 2/19/2014.

Dow, Jennifer, RN (Principal Investigator, Clinical Scholar Program). Implementation of an admission/discharge nurse to expedite the admission/discharge process with a focus on: Increasing patient adherence with discharge Instructions using the teach-back method, standardizing the admission/discharge process and to decrease the 30 day readmission rates, increase patient flow, and increase patient satisfaction scores (#4160). Approved/open 03/14/2013. Renewed 02/19/2014.

Glisic, E. PharmD (Principal Investigator). Headache after subarachnoid hemorrhage. (#4185). Research team members: Linda Gardiner, RN; Sandy Ridel, RN; Linda Josti, RN; Elizabeth Dermanelian, RN, and Linda Josti, RN. Approved/open, expedited 04/26/2013. Renewed, expedited 04/10/14.

Han, Paul, M.D. (Primary Investigator) and Orff, Sonja, RN (Co-Investigator) (#4038). Collecting patient-reported outcome data from surrogates of seriously ill intensive care unit patients: pilot study of feasibility and data use in prognostic modeling (HOURS\_ICU). (Amendment, expedited 07/20/2012: added Sonja Orff, RN as Co-Investigator). Renewed, expedited 05/30/2014.

Honess, Cindy, MSN, RN (Principal Investigator). Implementation of practice standards for ECG monitoring (#3432). Approved/open 08/20/2010. Renewed, expedited 05/23/2013; 05/09/2014.

Honess, Cindy, MSN, RN (Principal Investigator). Peripheral infused Amiodarone: Determining incidence of phlebitis. (#4310). Approved, expedited 01/08/2014.

Igo, Deborah, RRT (Principal Investigator, Clinical Scholar Program). Does implementation of a delivery room management algorithm for infants 23-28 weeks in gestation decrease the average number of ventilator days in a cohort sample? (#4229X). Approved/open exempt 06/21/2013.

Johnson, Jennifer, RN (Principal Investigator/Clinical Scholar Program). Baby Friendly Hospital initiative (#4067x). Approved/open 08/30/2012, exempt.

Keane, Kathleen, MSN, RN (Principal Investigator). Older adult narrative of the experience of cardiac surgery (#4075). Approved/open, expedited 08/30/2012. Renewed, expedited 08/08/2013; 07/31/2014.

Lamoreau, Todd, PT (Principal Investigator, Clinical Scholar Program/Midcoast) The ability of the functional movement screening to detect gluteus medius weakness (#4425). Approved, expedited 08/18/2014.

Lancaster, Kelly, MSN, RN (Principal Investigator). Improving outcomes through nursing council collaboration (CoMET) (#3904). Approved, expedited 08/11/2011. Renewed, expedited 08/08/2013.

Lerwick, Patricia, M.D. (Principal Investigator) and Linda Gardiner, RN (Co-Investigator) (#4114). Prospective, unblinded, observational study comparing glucose concordance between point of care samples of capillary and arterial blood for critically ill patients at Maine Medical Center. (Amended, expedited 05/06/2014: addition of Linda Gardiner, RN as Co-Investigator).

McCormick, Steven, BA, MS, EdD (Principal Investigator) and Alice Hildebrand, M.Div., BCC (Co-Primary Investigator). Patient and family perceptions of chaplain presence during post-trauma care (# 4321). Approved, expedited 01/27/2014. (Amendment 05/20/2014 added Alice Hildebrand as Co-PI).

Nichols, Stephanie, Pharm D (Principal Investigator), Palminteri, Amanda, RN (Co-Investigator) and Landroche, Ashley, RN (Co-Investigator). A pre-post intervention of medical inpatients assessing adherence to a sleep hygiene protocol and effect on sleep duration, sleep quality, delirium and falls (#4023x). Approved/open 05/23/2012, exempt.

Payne, Michael, RN (Principal Investigator). Empowering pediatric patients and families to advocated for a high standard of central line care. (#4386). Approved/open, expedited 05/23/14.

Randall, Carla, PhD, RN (Primary Investigator); Haynes, Allison, PhD, RN and Hyrkas, Kristiina, PhD, LicNSc, MNsc, RN (Co-Investigators). University of Southern Maine School of Nursing and Maine Medical Center Nursing Education Collaboration Study: Comparing the competence and confidence levels of accelerated BS nursing students in two groups before and after curriculum change (#3834). Approved/open 01/19/2011. Renewed, expedited 12/05/2013; 12/02/2014.

Rhudy, James, DNP, RN. Geographic access to interventional cardiology services in Maine. (#4382). Approved/open, expedited 04/09/2014.

Schreiber, Christine, RN and St. Pierre, Sherry Ann, RN. Pediatric Early Warning Signs (BPEWS) A systems care for hospitalized children. (#3622X). Approved/open, exempt 10/26/2009. (Amendment 07/10/13: changed PIs to C. Schreiber, RN and S. St. Pierre, RN).

Search, Sheryl, RN (Principal Investigator) and Getz, Susan, RN (Co-Principal Investigator). Open label, randomized clinical study comparing Calendula versus Aquaphor and aloe vera in women with breast cancer undergoing radiotherapy (#4054). Approved/open 07/05/2012. Renewed, expedited 06/09/2013; 06/03/2014. (Amendment 09/05/2013: added Co-PI, S. Getz, RN)

Solomons, Nan, RN. Exploring the associations among nursing and discharge planning staff relationships, communication and adherence to evidence-based transitional care activities. Oversight by MMC and Arizona State University. (#4348). Approved, expedited 03/11/2014. (Amendment, expedited 06/02/2014 added sites)

Taylor, Rosellen, RD (Primary Investigator Clinical Scholar Program) and Blakeslee, Paul, RD (Co-Investigator, Clinical Scholar Program). Improving the Practice of Nutrition Therapy in the Critically Ill: International Survey (#4153X). Approved/open, exempt 03/11/2013.

Thompson, Karen, RN (Principal Investigator) and Macken, Lynn PhD, RN (Co-Investigator). Testing the reliability of a fall risk screening tool for an elderly population in an ambulatory clinic setting (#3654). Approved/open 01/25/2010. Renewal, expedited 10/30/13; renewal, expedited 10/03/2014 . (Amendment, expedited 10/30/2013: changed PI to K. Thompson, RN and L. Macken, RN added as Co-PI).

Tozier, Pamela, RN (Principal Investigator). The comparison of newborn fed colostrum versus formula during the first 24 hours of life and the impact on both blood glucose stabilization of the newborn and its association to breastfeeding success (#4005X). Approved/open 03/20/2012, exempt.

Wadman, Karen, RN (Principal Investigator). Improving Nurses' Knowledge of Neonatal Pain (#4480). Approved/open, expedited 10/28/2014.

## Closed

Brennan, Pamela, RNC (Principal Investigator). Providing educational intervention to low income obstetrical patients in Greater Portland to improve breast feeding rates (#3601). Closed 07/30/2013.

Corwin, Murielle, RN (Principal Investigator). Does a self-care program have any relevance to promoting health and reducing stress in nurses working in acute care settings? (#4096). Closed 09/29/2014.

Chapman, Joanne, RN. Delirium recognition in patients who have fallen after interdisciplinary education and the implementation of a delirium screening tool (#4018). Approved, expedited 10/31/2012. Closed 10/28/2013.

Chessa, Frank, PhD (Principal Investigator), Macken, Lynn RN, PhD (Co-Investigator). Using a bioethics film series to enhance emotional intelligence of medical students. (#4175). Approved 04/11/2013. Closed 03/03/2014.

Courteau, Karen, EdD. A pedometer-based physical activity program for nurses (#3679). Closed 10/16/2013.

Kaikini, Kara, MS, IBCLC (Principal Investigator, Clinical Scholar Program). Breastfeeding

duration rates: The effect of hospital practices, support and education (#3800). Renewed 06/20/2013. Closed 06/02/2014.

Lancaster, Kelly, MSN, RN (Principal Investigator) Improving outcomes through nursing council collaboration (CoMET) (#3904). Closed 07/24/2014

LeRoy, Tom, DPT. High cost, lost time, work-related musculoskeletal disorders within a large healthcare organization: A qualitative study of injured employees, supervisors, case managers and claims adjusters (#3958). Closed 10/03/2013.

McCarl, Jason, M.D. (Principal Investigator). Early mobilization of the mechanically ventilated geriatric Intensive care unit patient: Pilot study phase B (#3836). Research staff: Orff, Sonja, RN, CNL. (#3836). Approved, expedited 06/16/2012. Closed 11/19/2013.

McCormack, Steve (Principal Investigator). Patient and family perceptions of chaplain presence. Closed 09/26/2014.

Meade, Kathryn, RN (Principal Investigator). The relationship between self-efficacy, labor method and birth satisfaction (#4196). Approved/open 06/06/2013.

## Conference Presentations

### Local Presentations

Bowden, K. & Hayman, J. (2013). Sleeping like a baby: Reducing infant sleep deaths in Maine. 12th Maine Nursing Summit, Nurses as Leaders in the Future of Healthcare. Augusta Civic Center, Augusta ME, March, 13, 2013. (Poster)

Brady, L. & Pecor, E. (2014). Reducing central line blood stream infections in the neonatal intensive care unit. 13th Maine Nursing Summit, Nurses Leading Change through Innovation. Augusta Civic Center, Augusta, ME, March 19, 2014. (Poster)

Chapman, J., Bachand, D. & Babine, R. (2013) Prevention and early Identification of delirium to decrease falls in hospitalized patients. 12th Maine Nursing Summit, Nurses as Leaders in the Future of Healthcare. Augusta Civic Center, Augusta, ME, March 13, 2013. (Podium)

Chapman J. & Bachand D. (2014). Keep that fall rate falling: culture of safety for fall prevention. Annual Patient Safety Academy, University of Southern Maine, Portland, Abromson Center, September 5, 2014.

Chipman, S. (2014). Simulation as an educational tool. Horizons 2014: A Critical Care Symposium. Holiday Inn by the Bay Hotel and Convention Center, Portland, ME, April 2-4, 2014.

Dow, J. (2014). The role of the admit/discharge/transfer (ADT) nurse role with focus on teach back to increase patients' compliance, decreased 30 day readmission rates, increased patient flow and nursing satisfaction scores, and increase unit flow. 13th Maine Nursing Summit, Nurses Leading Change through Innovation. Augusta Civic Center, Augusta, ME, March 19, 2014. (Poster)

Goran, S. (2014). Humor: Not just a laughing matter. Horizons 2014: A Critical Care Symposium. Holiday Inn by the Bay Hotel and Convention Center, Portland, ME, April 2-4, 2014. (Podium)

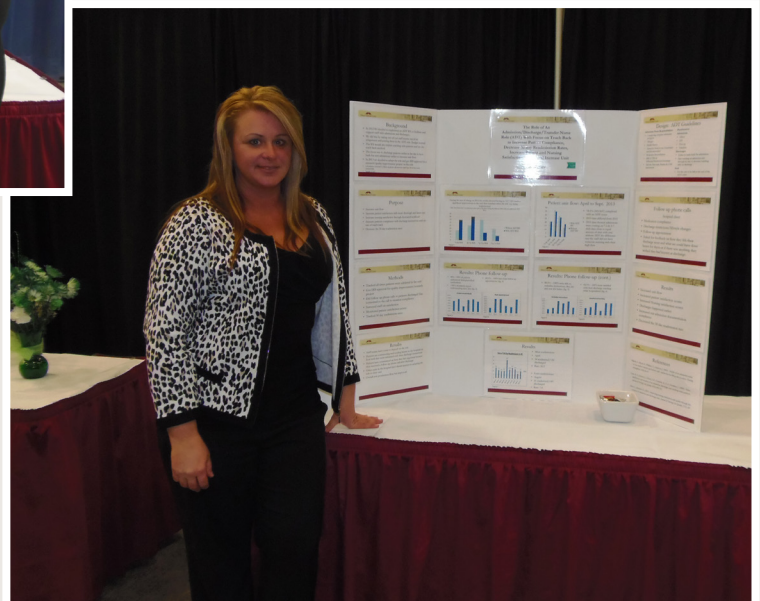
Goran, S. (2014). Journey down the yellow brick road. Horizons 2014: A Critical Care Symposium. Holiday Inn by the Bay Hotel and Convention Center, Portland, ME, April 2-4, 2014.

Halen, S. & Babine, R. (2014). General Session: Inter-Professional Education: How Quality Becomes Reality. 9th Annual Geriatrics Day. Maine Medical Center, April 2, 2014, Portland, ME. (Podium)

*Continued*



Elizabeth Pecor, RN and Linda Brady, BSN, RNC, CN3



Jennifer Dow, BSN, RN



## Local Conference Presentations, Continued

Honess, C. (2014). Pacing, beyond the basics. Horizons 2014: A Critical Care Symposium. Holiday Inn by the Bay Hotel and Convention Center, Portland, ME, April 2-4, 2014.

Jacobs, J. (2014). Improving nursing care of inpatients with diabetes. Maine Nursing Practice Consortium, Transforming and Improving Health Care through Research and Evidence Based Practice. Hilton Garden Inn, Bangor, ME, April 11, 2014. (Podium)

Josti, Linda. (2014). Endocrine for the CCRN/PCCN review. Horizons 2014: A Critical Care Symposium. Holiday Inn by the Bay Hotel and Convention Center, Portland, ME, April 2-4, 2014. (Podium)

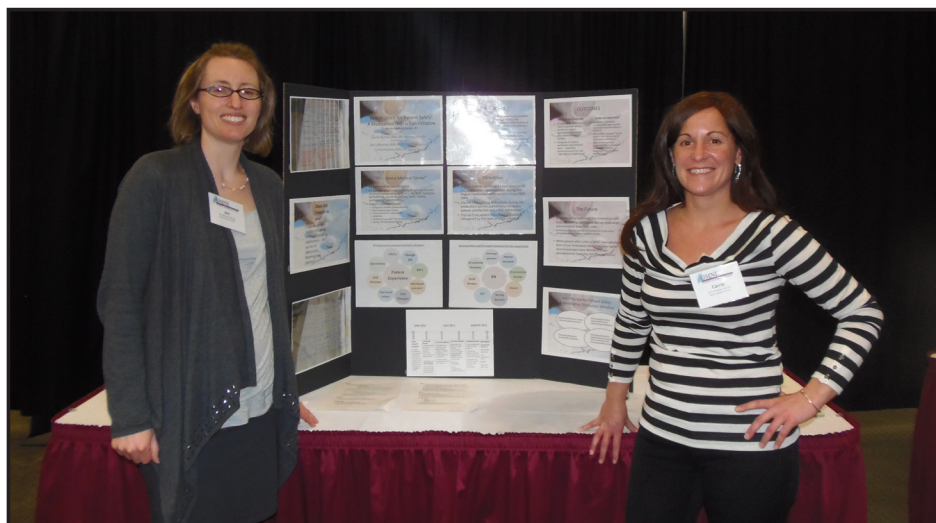
Peoples, C. & LaFlamme, J. (2014). Best practice for patient safety: A medication distraction initiative. 13th Maine Nursing Summit, Nurses Leading Change through Innovation. Augusta, ME, March 19, 2014. (Poster)

Rodney, M. (2014). Implementing an integrated nursing practice model in the emergency department. Maine Nursing Practice Consortium, Transforming and Improving Health Care through Research and Evidence Based Practice. Hilton Garden Inn, Bangor, ME, April 11, 2014. (Podium)

Sepples, Sue. (2014). Hematology/GI for the CCRN/PCCN review. Horizons 2014: A Critical Care Symposium. Holiday Inn by the Bay Hotel and Convention Center, Portland, ME, April 2-4, 2014. (Podium)

Tozier, P. (2014). Tackling Newborn Hypoglycemia in the Delivery Room Utilizing colostrum, skin to skin, and “State of the Art” Policies. 13th Maine Nursing Summit, Nurses Leading Change through Innovation. Augusta, ME, March 19, 2014. (Podium)

Wilson, L. (2013). P3CD fall rates: Maine Health Hospital Falls Prevention Team. Maine Health, 110 Free Street, Portland, ME, December 10, 2013 (Presentation)



Jen LaFlamme, BSN, RN-BC, CN3 & Carrie Peoples, BSN, RN

## Conference Presentations – Regional

Lancaster, K. & Hyrkas, K. (2013). Evaluating the essential evidence-based practice competencies in a hospital-based Clinical Scholar's Program. Eastern Nurses' Research Society 25th Annual Scientific Sessions. Nursing Research: A Bridge to the Future. Renaissance Boston Waterfront Hotel, Boston, MA, April 17, 2013. (Podium)

Hyrkas, K., Farmer, S., Macken, L., Gregoire, D., Johnson, J., & Sterling, E. (2014). The Knowledge Bank: An electronic database and depository for internal publishing and dissemination of projects. Sigma Theta Tau International, Theta-at-Large 60th Anniversary Celebration. Boston University, Boston, MA, March 30, 2014. (Poster)

Hyrkas, K., Lancaster, K., Kent, G., Michaud, D., & Coombs, B. (2013). The relationship between Organizational Readiness to Change Assessment (ORCA) scores and Implementation of buffered Lidocaine as local anesthesia for IV catheter insertion in a complex hospital organization. Eastern Nurses' Research Society 25th Annual Scientific Sessions. Nursing Research: A Bridge to the Future. Renaissance Boston Waterfront Hotel, Boston, MA, April 17, 2013. (Podium)

Hyrkas, K., Randall, C., & Meinersmann, K. (2014). Academic and practice partnership: A mixed methods study of the experiences and outcomes on collaborative baccalaureate nursing education. Eastern Nurses' Research Society 26th Annual Scientific Sessions. Promoting Health Across the Life Span: The Art and Science of Person-Centered Care. Sheraton Philadelphia Downtown Hotel, Philadelphia, PA, April 10, 2014.

## Conference Presentations – National/International Conferences

Bachand, D. & Chapman, J. (2013). Show Me the Money! The American Nurses Credentialing Center (ANCC) National Magnet Conference. The Magic of Magnet. Orange County Convention Center, Orlando, FL, October 4, 2013. (Podium)

Bowden, K. & Hayman, J. (2013). Developing a comprehensive children's hospital-based safe sleep program. Third National Cribs for Kids Conference. The ABC's of Safe Sleep. Omni William Penn Hotel, Pittsburgh, PA, June 27, 2013. (Poster and Podium)

Brady, L. (2014). Implementing donor milk in the NICU. The 25th Annual Gravens Conference on Physical and Developmental Environment of the High Risk Infant, Sheraton Sand Creek Resort, Clearwater Beach, FL, February 5-8, 2014. (Poster)

Brady, L. & Pecor, E. (2014). Reducing central line blood stream Infections in the NICU therefore reducing length of stay. The 25th Annual Gravens Conference on Physical and Developmental Environment of the High Risk Infant, Sheraton Sand Creek Resort, Clearwater Beach, FL, February 5-8, 2014. (Poster)

Chapman, J. & Bachand, D. & Honess, C. (2013). Linking evidence to practice: The delirium and fall connection. Sigma Theta Tau International 42nd Biennial Convention, Indianapolis, Indiana, November 16-20, 2013. (Podium)

Glisic, E.K., Gardiner, L., Josti, L., Dermanelian, E., Ridel, S., Dziodzio, J., McCrum, B., Enos, B., Lerwick, P., Fraser, G., Muscat, P., Seder, D.B. (2013). Incidence, severity and treatment of headache after spontaneous subarachnoid hemorrhage. The 2013 Neurocritical Care Society Annual Meeting, Philadelphia, PA, Oct. 1-4, 2013. (Poster)



Katherine Johnson, RN and Karen Kaikini, RN

Glover N. (2013). Challenges implementing barcoded medication administration in the emergency room. 11th Annual Symposium, New England Nursing Informatics Consortium. Trends in Clinical Informatics: A Nursing Perspective. Waltham, MA, May 3, 2013. (Poster)

Goran, S. (2014). When Does 1 = 7? Going BIG with evidence-based sepsis guidelines. 2014 ANCC National Magnet Conference, Dallas, TX: Kay Bailey Hutchison Convention Center. October 8-10, 2014 (Podium)

Griffin, D. (2014). The development and implementation of an obstetrical triage tool to prioritize patients and track process times by risk categories. The 2014 Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Convention, Disney Coronado Spring Resort, Orlando, FL. June 14-18, 2014. (Podium)

Hyrkas, K. (2013). The patient's experience with motivation interviewing (MI) during medication adherence conversations by MI trained nurses. Sigma Theta Tau International 42nd Biennial Convention, Indianapolis, IN. November 16-20, 2013. (Podium)

Hyrkas, K; Kent, G; Lancaster, K; & Michaud, D. (2013) Promoting evidence-based practice through a Collaborative model of Evidence Translation (CoMET). Sigma Theta Tau International's 24th International Nursing Research Congress, Prague, Czech Republic. July 22-26, 2013. Symposium composed of the following four presentations:

Hyrkas, K. (2013) Symposium: Promoting evidence-based practice through a Collaborative Model of Evidence Translation (CoMET).

Kent, G. (2013). Improving outcomes through nursing council collaboration.

Lancaster, K (2013). Collaboration and its role in knowledge translation at the council level in a Magnet organization – A qualitative study to better understand the collaboration experience.

Michaud, D. (2013) Effectiveness of the Collaborative Model of Evidence Translation (CoMET) on practice uptake, sustainability, and patient satisfaction outcomes.

Inman, C. (2013). Using patient surveys to reduce noise and improve adult patients' perception of quietness on a telemetry unit. Sigma Theta Tau International 42nd Biennial Convention Indianapolis, IN. November 16-20, 2013. (Poster)

*Continued*

## National/International Conference Presentations, Continued

- Johnson, K. & Kaikini, K. (2014). The benefits of a donor milk drop off site in a large northern New England medical center. The 25th Annual Gravens Conference on Physical and Developmental Environment of the High Risk Infant, Sheraton Sand Creek Resort, Clearwater Beach, FL. February 5-8, 2014. (Poster)
- Kaikini, K. (2013). The effect of mothers' intentions to breastfeed and hospital practices on breastfeeding rates at 6 months after birth. American Academy of Pediatrics (AAP) National Conference, Orlando, FL. October 28. 2013. (Poster).
- Kaikini, K. (2014). Mothers' intentions to breastfeed and hospital practices on breastfeeding: A longitudinal study at 6 months after birth on predictors of breastfeeding in a cohort of mothers from a large northern New England medical center. The 2014 Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Convention, Disney Coronado Spring Resort, Orlando, FL. June 14-18, 2014. (Poster)
- Lancaster, K. Hyrkas, K., Kent G. and Michaud D. (2013). Predicting Successful Implementation of Practice Initiatives in a Magnet Organization using the Organizational Readiness to Change Assessment" as a part of a Session entitled "Outcomes Measurement" for STTI 42nd Biennial Convention (16 November - 20 November 2013). (Podium)
- Lancaster, K. Hyrkas, K., Michaud D., & Kent G. (2014). Promoting evidence-based practice and improving outcomes through council collaboration using a model of evidence translation. 2014 ANCC National Magnet Conference, Dallas, TX: Kay Bailey Hutchison Convention Center. October 8-10, 2014 (Podium)
- LePage, K.L. (2013). Building blocks for trial and potential product implementation/conversion in a GPO World. The ECRI's 26th Annual OR Manager Conference. National Harbor M.D.: Gaylord National Resort. Sept. 23-25, 2013. (Podium)
- Michaud, D. (2013). The use of IV start cards and the Peripheral Intravenous (PIV) Data Collection Tool for Quality Monitoring. Sigma Theta Tau International 42nd Biennial Convention, Indianapolis, Indiana. November 16-20, 2013. (Poster)
- Payne, Michael. (2014). Empowering pediatric patients and families to advocate for a high standard of central line care. Association for Vascular Access, Annual Scientific Meeting, National Harbor, M.D.. Sept. 7-10, 2014 (Poster)
- Russell-Duggan, Janet, Grant, Bettyanne & Bethel, Marcy. (2014). Being Bold: Development of a Medication Safe Hour. 2014 ANCC National Magnet Conference, Dallas, TX: Kay Bailey Hutchison Convention Center. October 8-10, 2014. (Poster)
- Search, S. (2013). Topical treatment for radiodermatitis in women with breast cancer: A literature review. Sigma Theta Tau International 42nd Biennial Convention Indianapolis, Indiana. November 16-20, 2013. (Poster)
- Tozier, P. (2014). Tackling newborn hypoglycemia: Utilizing colostrum, skin to skin and state of the art policies. The 2014 International Conference on the Theory and Practice of Human Lactation Research and Breastfeeding Management. Holiday Inn Resort at Lake Buena Vista, Orlando, Florida, January 15-17, 2014. (Podium)
- Vreeland, S. (2014). Patient Navigation in the Neurosciences - One size does not fit all. The American Association of Neuroscience Nurses 46th Annual Educational Meeting. Disneyland® Hotel, Anaheim, California, March 8 - 11, 2014. (Poster)
- Wiggins, M. & Orff, S. (2013). The Value of value: Relentless stewardship of precious resources. The American Nurses Credentialing Center (ANCC) National Magnet Conference. The Magic of Magnet. Orange County Convention Center, Orlando, FL, October 3, 2013. (Podium)

## Publications 2013 – 2014

- Babine, R.L., Farrington, S., & Wierman, H.R. (2013, May). Help© prevent falls by preventing delirium. Nursing 2013, 18-21. Available at: [www.nursing2013.com](http://www.nursing2013.com)
- Babine, R.L., Honess, C., Wierman, H.R., & Hallen, S. (2014, Nov 5). The role of clinical nurse specialists in the implementation and sustainability of a practice change. Journal of Nursing Management. doi: 10.1111/jonm.12269. [Epub ahead of print]
- Bowden, K. & Goodman, D. (2014). Barriers to recovery in postpartum addicted women. Work: A Journal of Prevention, Assessment and Rehabilitation, 16:6. Special Issue: Parenting. DOI: 10.3233/WOR-141951
- Campbell, J. Education and simulation training of the open heart surgery population for the pediatric intensive care unit (PICU) RN: Our approach. Critical Care Nurse (Accepted for publication: 7/10/14).
- Davis J, Crawford K, Wierman H, Osgood W, Cavanaugh J, Smith KA, Mette S, Orff S. (2013) Mobilization of ventilated older adults. Journal of Geriatric Physical Therapy, 36(4):162-8. doi: 10.1519/JPT.0b013e31828836e7.
- Fielding, S.J., McKay, M. & Hyrkas, K. (2013). Testing the reliability of the Fall Risk Screening Tool in an elderly ambulatory population. Journal of Nursing Management, 21, 1008-1015. doi: 10.1111/jonm.12192



Glover, N. (2013). Challenges implementing bar-coded medication administration in the emergency room in comparison to medical surgical units. *CIN: Computers, Informatics, Nursing*. (March), 31(3), 133-141. doi: 10.1097/NXN.0bo13e31828o3f5e

Hyrkas, K., Linscott, D., & Rhudy, J. (2014). Evaluating preceptors' and preceptees' satisfaction concerning preceptorship and the preceptor-preceptee relationship. *Journal of Nursing Education and Practice*, 4(4), 120-133. Published online 11 February 2014. www.sciedu.ca/jnep. doi: 10.5430/jnep.v4n4p120

Hyrkas, K. & Morton, J. (2013) Editorial: International perspectives on retention, stress,

and burnout. *Journal of Nursing Management*, 21, 603-604. doi: 10.1111/jonm.12118

Hyrkas, K. & Rhudy, J.P. (2013). Editorial: Promoting excellence – evidence-based practice at the bedside and beyond. *Journal of Nursing Management*, 21, 1-4. doi:10.1111/jonm.12051

Hyrkas, K. & Wiggins, M. (2014). A comparison of usual care, patient-centered education and motivational interviewing to improve medication adherence and readmissions. *Journal of Nursing Management*, 22(3), 350-361. doi: 10.1111/jonm.12221

Inman, Cecilia. Promoting Positive Patients' Perception of Quietness on a Telemetry Unit: A Quality Improvement Study supporting Sustainable Practice Changes. *Nursing* 2014. (Accepted for publication: 7/7/14)

Jahrsdoerfer M & Goran S.(2013) Voices of family members and significant others in the tele-intensive care unit. *Critical Care Nurse*, 33(1):57-67. doi: 10.4037/ccn2013114.

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## Partnership – Community

**M**agnet, Marketing and Communications Council is committed to serving the greater Portland Community with education and outreach. Over the past two years, the Council has led health care clinics at the Portland Community Health Center, Maine Mall, Preble Street Teen Center and Florence House, and the Portland Boys and Girls Club. The focus of the community outreach is interprofessional health information. In addition, donations for toiletries and clothing have been collected and donated to the shelters.

**May 29, 2013**

### Portland Community Health Center & Portland Adult Education

MMC nurses partnered with the Portland Community Health Center in hosting a health fair. Nurses staffed health stations on: Blood pressure information & screening; Hand Hygiene (hand washing); Nutrition; and Dental Health. Representatives from Portland Community Health Center were available for referrals. The month prior to the health fair, nurses held a donation drive for: toothbrushes, dental floss and toothpaste.

**December 12, 2013 and June 19, 2014**

### Preble Street Teen Center & Shelter

Magnet, Marketing & Communications Council members and MMC staff held health fairs at the Preble Street Teen Center & Shelter as an ongoing community outreach project prior to summer and winter months. Donation drives were held throughout the year for clothing, school supplies, food for the center's pantry, and cash donations. As part of the health fair and a way to encourage center teens to visit each of the health stations, MMC staff held a raffle for a bike, bike helmet and an iPod.



Diane Green, BSN, RN and Deb Wicklund, RN at Preble Street Teen Center



**February 8, 2014**

## Maine Mall, South Portland, Maine

MMC Staff hosted a health fair at the Maine Mall. Health information shared with Maine Mall shoppers consisted of: Blood Pressure Checks/Information; Stroke Information; Spine information; Smoking Cessation; Frostbite and CPR.

MMC Staff at the Maine Mall (left to right): Sarah Peters, BSN, RN, CVN (CICU); Christine Lord, BSN, RN, BC, CN3 (CICU); Shannon Gildart, RN (R2); Meaghan Anderson, RN (R2); Jen Plocharczyk, RN (R2); Bobbi Shirley, MS, RN, CNL (Gibson); Heidi Bruce, Patient Navigator (MMC Neuroscience Institute); Betsy Ballard, RN (R1); Katie Delorme, PT (MMC Neuroscience Institute); Carrie Porcelli, RN, CNOR (OR); Corey Fravert (MMC Neuroscience Institute); Carrie Strick, MS, RN, CNL (R3); Dot Zieba, RN (Retired); Heidi Gwinn, RN, CMSRN, CN3 (SSU); Jana Jacobs, BSN, RN, CMSRN, CN4 (R3); Kellie Coombs, RN, CNOR (OR).

**October 28, 2014**

## Portland Boys & Girls Club

Working with the Portland Boys & Girls Club, MMC Staff participated in their Community Event. Health fair stations included hand washing, nutrition information, frostbite, and safety awareness, which was a collaborative effort with Portland Police. For the month of October, Magnet Council members held a food and clothing drive on each of their units to help stock the club's pantry as well as warm weather clothing for the children. The club not only provides a safe after-school environment for children, staff also help with schoolwork, provide an evening meal as well as give children rides home. It was great to see another component of how local organizations take care of their community and provide a safe, caring environment for children.



MMC nurses at Boys & Girls Club (left to right): Sue Skowronski, BSN, RN (ACCU), Betsy Ballard, RN (R1); Bobbi Shirley, MS, RN, CNL (Gibson); Lisa Murch, RN (R1); Jackie Smith, RN (R1); Leslie Knight, BSN, RN (ASU); Deb Wicklund, RN (SSC); Ellen Hopkins, BSN, RN (ACCU).



## Laura Vogel Humanitarian Award

**L**aura Vogel was an exceptional Neonatal ICU nurse who was studying to be a nurse practitioner at the time of her untimely death while on a medical mission in the Dominican Republic. She was an energetic and enthusiastic nurse—beloved by her nurse and physician colleagues; a nurse’s nurse, a caring individual who gave of herself to friends, family and strangers. Volunteering at Camp Sunshine (a camp in Maine that provides hope and respite to families affected by life-threatening childhood illnesses) was part of her life; and when interviewed on TV, she was encouraging others to volunteer saying, “you don’t have to have any special background to be able to help and give your time, even if it’s just to listen.” It is people like Laura who are role models for all of us – you don’t need any special background to care or to be there for others. You need to be like Laura Vogel – caring, compassionate and willing to help others.

This award was created to honor Laura’s spirit of giving and volunteering.

### 2013 Joyce Perron, RN, Neonatal Intensive Care Unit

In 2009, I (Mary Lennon, RN) had the opportunity to go to Africa to work in a clinic in Zimbabwe. On a visit to the NICU, I asked if any of the nurses would like to go with me for the trip and Joyce jumped at the opportunity to help in any way she could.

Joyce tirelessly volunteered hours of work before, during and after the trip and contributed generous amounts of money for supplies as well as paid for her flight to Africa. When we were there, we could always find her working ridiculously long hours in the clinic, organizing medicine, treating injuries and caring for the children. Joyce went to bed after everyone else and was up before we had all had our breakfast to be back working at the clinic again. Many days she prepared breakfast for us before taking off to the clinic and would be gone before we even woke up.

This humanitarian trip rekindled her lifelong dream to be a nurse for the organization Doctors Without Borders. Unfortunately, her field time in Zimbabwe wasn’t extensive enough to give her an opportunity to work for this organization so she journeyed alone to a little hospital in Ethiopia where she volunteered tirelessly, as a RN both in a clinical rotation as well as a RN instructor for Ethiopian nursing students.

Not long after Joyce returned from Ethiopia, she joined Partners for World Health (a Maine based non-profit, all volunteer organization that collects unused disposable and reusable medical supplies from over 30 facilities in Maine and New Hampshire and redistributes them to under-served medical organizations worldwide) and volunteered again for a health care mission to bring medical supplies and nursing care to hospitals and orphanages in Cambodia.

Finally, after seemingly insurmountable hurdles, Joyce was offered a position in Haiti with Doctors without Borders. This position, although the realization of a lifelong nursing dream, tested Joyce personally and professionally. She survived working in one of the most challenging assignments the organization has.

Joyce nurses selflessly with courage and with a true global sense of responsibility. She brings caring, compassion and quality to every encounter and despite her small stature is a giant among nurses. Her limitless courage and her life story over the past four years have been and continue to be amazing and inspiring.

## 2014 Sarah Vreeland, MS, CNRN, Neuroscience Team



Mr. & Mrs. Vogel (Laura's parents) with Sarah Vreeland, MS, CNRN

Joyce Perron, RN



As a volunteer for Partners for World Health (PWH), Sarah has been involved in the initial stages collecting discarded medical supplies. She was one of the first RNs who spearheaded this project on her unit and helped to educate the nursing staff and housekeepers to insure that all items set to go to the trash from discharged rooms were saved and put in the unit recycle bins. On numerous occasions, she has volunteered her time and energy at the PWH warehouse and distribution center and provided hours of community service learning opportunities to college and high school students. In addition, she has helped to design wound care kits and IV start kits, all made out of items saved from the land fill, that will be shipped to those in need in hospitals throughout Africa.

Sarah has also participated in the PWH Medical Mission program. Her first trip was a medical mission to Libya. In July 2011, she traveled with eight other nurses to Cairo, rode a bus for 26 hours on a long and arduous journey to Benghazi and provided needed nursing care to the Freedom Fighters. In February 2012, Sarah traveled to Tanzania on a medical mission to Bihuramula Hospital, where she along with the medical team of 18 provided needed medical supplies, wound care treatment and education to patients in need. Most recently, she participated in the surgical medical

mission to Bangladesh and was part of a team of 10 nurses and 5 surgeons who provided needed surgical intervention, post-op education and community based training to physicians, nurses and community health nurses.

At home, Sarah co-facilitates the brain tumor support group. Her interaction with this population motivated her to become part of the neuroscience navigation team and she now is the one of the primary navigators for the brain tumor population at MMC. In this role, she has helped develop a multidisciplinary clinic in Scarborough. She also continues to find creative ways to assist the brain tumor patients including working with a non-profit organization to develop and produce "My Brain Book" that provides educational materials as well as organizational tools to assist this population and their family and friends through their treatment plan.





# Partnership – Rewards and Recognition

**M**aine Medical Center is proud to have several avenues to reward and recognize its exemplary nursing staff both internally and externally. The following staff have been recognized outside the institution.

**Sonja Orff, MSN, RN, CNL** received the national CNL Vanguard Award presented by AACN (American Association of Colleges of Nursing) and CNC (Commission on Nurse Certification). This award recognizes one certified CNL from across the country for innovative and outstanding professional performance and advocacy of the Clinical Nurse Leader (CNL) role. In addition, the award promotes the



contributions of the CNL in transforming health care. Sonja received her award at the National CNL Summit & Research Symposium January 17, 2014 in Anaheim, California.

**MMC's Emergency Department's Sexual Assault Forensic Examiner (SAFE) Program** received the Community Service Award from Sexual Assault Services of Southern Maine in November 2013.



**Robin Matthews, RN, SANE-A, CEN, CPEN, CN3** received the 2013 Maine Coalition Against Sexual Assault SAFE Award.

**Marjorie S. Wiggins, DNP, MBA, RN, FAAN, NEA-BC**, Senior Vice President and Chief Nursing Officer received the 2013 CNL Visionary Leader Award presented by the American Association of Colleges of Nursing (AACN). This

award is the highest honor presented by AACN to practice leaders making significant contributions to advancing the Clinical Nurse Leader initiative. This award was presented at the CNL Summit held in New Orleans in January 2013.

**MMC's Neonatal Intensive Care Unit (NICU)** was presented by the March of Dimes with a "Wall of Hope" for their efforts in lowering the State of Maine's preterm birth rate below 9.6%,

allowing 13,500 babies to avoid an early birth and get a healthy start in life. The "Wall of Hope" honors and recognizes families across Maine impacted by preterm birth or infant loss.

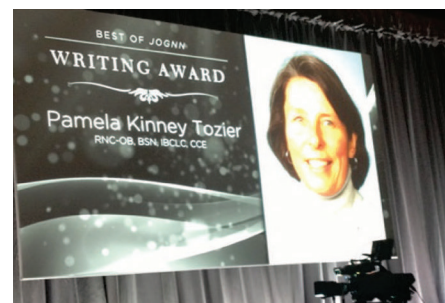


## Pam Tozier, RNC, BSN, IBCLC, CCE

The Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) at their 2014 national convention in Orlando, Florida presented its Best of JOGNN (Journal of Obstetric, Gynecologic and Neonatal Nursing) Award to PAM TOZIER, RNC, BSN, IBCLC,

CCE, for her article, "Colostrum Versus Formula Supplementation for Glucose Stabilization in Newborns of Diabetic Mothers." This award honors the first author of an original paper published in JOGNN. Papers are nominated by the editors, and the winning paper is chosen

by the members of the JOGNN Editorial Advisory Board. Criteria for the award include the originality of the work, the clarity and scholarliness of the writing, the potential for the paper to significantly affect the care of women, infants, and/or childbearing families,



and the interdisciplinary importance of the work.

## DAISY

After planning and promoting the DAISY Award during the summer of 2013, our first DAISY Award was presented in September that year. During 2013 and 2014, 25 nurses have been recognized with a DAISY Award. Two of our DAISY recipients have been recognized by the national DAISY Foundation as one of their Spotlight nurses of the month. The DAISY Award has taken off here at MMC and is an important award in our recognition program.

### DAISY Honorees

Helen Cyr-Alves, RN, CCRC, CN3 (NICU)  
Lynette Augetri, BSN, RN (PACU)  
Gayle Barstow, RN, CN3 (Cardio-Thoracic)  
Jane Baxter, BSN, RN (FirstCare)  
Cheryl Coyne, BSN, RN, CN3 (ACCU)  
Owen Davis, BSN, RN (Ortho-Neuro)  
Jianna Donisvitch, ADN, RN (Med-Surg)  
Kristina Donnellan, BSN, RN (CICU)  
Janna Dyer, BSN, RN (Oncology)  
Jackie Gilbert, RN, CAPA, CN3 (ASU)  
Paul Gomez, ADN, RN (Ortho-Neuro)  
Beth Larrabee, BSN, RN (Med-Surg)  
Brandi Lovering, BSN, RN, CN3 (Med-Surg)  
Robin Merrill, BSN, RN (Med-Surg)  
Alicia Murry, BSN, RN (Pulmonary)  
Anne-Marie Neal, BSN, RN (Med-Surg)  
Leah Nichols, (Oncology)  
Sonja Orff, MS, RN, CNL (Special Care)  
Ashley Poulin, BSN, RN (CICU)  
Lynne Proctor, BSN, RN, CN3 (Ortho-Neuro)  
Janet Russell-Dugan, BSN, RN, CMSRN, CN4 (Ortho-Neuro)  
Emily Schwarz, RN, OCN (Oncology)  
Jared Walker, BSN, RN (Oncology)  
Wen Wang, BSN, RN, CMSRN (PACU)  
Lynne White, RN, CMSRN, CNRN (Ortho-Neuro)



Front Row (left to right): Marge Wiggins, RN (CNO), Janet Russell-Duggan, BSN, RN, CMSRN, CN4; Lynne Proctor, BSN, RN, CN3; Sonja Orff, MS, RN, CNL; Brandi Lovering, BSN, RN, CN3.

Back Row: Owen Davis, BSN, RN; Gayle Barstow, RN, CN3; Wen Wang, BSN, RN, CMSRN.

**Congratulations to all of our  
DAISY Award honorees!**

## Nursing Excellence Awards

Each year, MMC nurses are nominated by their peers for one of our Nursing Excellence Awards. These awards recognize individual nurses for their clinical expertise, teaching, quality improvement, research, community outreach and team work. Our annual ceremony during Nurses Week celebrates the contributions these nurses have made with recognition from their peers.



### 2013 Nursing Excellence Award Recipients

Front Row (left to right): Marge Wiggins, RN (SVP/CNO); Jenny Gilmore, BSN, RN; Melissa Fairfield, RN, CEN, CPN; Jenny Johnson, BSN, RNC, CLC, CN3; Cecelia Inman, BSN, RNC, CN3; Pamela Tozier, BSN, RN, IBCLC, CCE.

Back Row: Catherine LaPointe, NP; Jana Jacobs, BSN, RN, CMSRN, CN4; Kellie Coombs, RN, CNOR, CN3; Joyce Perron, RN; Alison Hayes, RN



### 2014 Nursing Excellence Award Recipients

Front Row (left to right): Katherine Skroski, BSN, RNC; John Ambrose, MSN, RN, CNS, CRNA; Claudette Mimeault, RNC, CN3; Lynne Proctor, BSN, RN, CN3; Susan Reeder, MS, RN, CWCN; Marge Wiggins, RN (SVP/CNO).

Back Row: Sarah Vreeland, MS, RN, CNRN; Scott Farmer, BS-Bio/Chem, BS, RN; Kathleen Keane, MS, BSN, RN, CNL, CCRN; Sarah Peters, BSN, RN-BC; Carrie Strick, MSN, RN, CNL; Michael Payne, BSN, RN, CPN.

## Nursing Research Awards

Our annual Nursing Research Award recipient is chosen by a panel of reviewers for meeting the criteria of scientific rigor including clarity of design, the importance of the topic to impact patient outcomes, and its contribution to the advancement of nursing knowledge and science.

The 8th Annual Research Award was presented to Pamela Tozier BSN, RNC, IBCLC, CCE for “Tackling newborn hypoglycemia in the delivery room: Utilizing colostrum, skin to skin, and state of the art policies” on May 9, 2013.

The results of this study were published in the Journal of Obstetric, Gynecologic, & Neonatal Nursing (JOGNN). The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) presented its Best of JOGNN Award to Pamela Tozier, RNC, BSN, IBCLC, CCE, for her article entitled, “Colostrum Versus Formula Supplementation for Glucose Stabilization in Newborns of Diabetic Mothers” in June 2014 at AWHONN's national convention in Orlando, Florida.

The 9th Annual Research Award was presented to Carrie Strick, MS, RN, CNL, CMSRN for “Improving the Readmission Risk Assessment Tool for Surgical Patients” on May 8, 2014.

Carrie reviewed the evidence in the literature and modified a risk assessment tool for medical patients to reflect risks specific to surgical patients. Through a retrospective chart review, Carrie determined that post-operative infection, number of medications and comorbidities (diabetes, COPD or cancer) resulted in significantly higher 30 day readmissions for surgical patients at MMC. Her study provides a tool that Clinical Nurse Leaders can use to improve care transitions for patients across the health care spectrum, especially the transition from hospital to home.





## Clinical Nurse Advancement Program

The purpose of MMC's Clinical Nurse Advancement Program is to formally recognize and reward increasing levels of nursing clinical expertise and commitment to patient care, Maine Medical Center, and to the nursing profession.

Objectives:

1. Recognize and reward Clinical Nurses for expertise in clinical practice.
2. Recruit and retain Clinical Nurses in clinical practice.
3. Enhance personal growth and satisfaction of Clinical Nurses.
4. Promote the ongoing professional development of Clinical Nurses.
5. Provide for formal advancement of Clinical Nurses who practice at the bedside using four domains of practice – care delivery, leadership, education/consultation, and research/quality improvement.
6. Provide variety and diversity in clinical practice options for Clinical Nurses.
7. Create an environment that promotes a high level of quality patient and family centered care.

The council (comprised of clinical RNs) mentors and guides applicants through the advancement process. During 2013 and 2014, the following staff advanced through the program:

### Adult Medicine/Cardiovascular

Gayle Barstow, RN, CN III (R1–Cardio-Thoracic)  
 Jeanne Bengert, BSN, RN, CCRN, CN III (Special Care Unit)  
 Melissa Fairfield, BSN, RN, CEN, CN IV (Emergency)  
 William Fyler, Jr., BSN, RN, CN III (R7–Cardiac)  
 Linda Gardiner, RN, CN III (Special Care Unit)  
 Vanessa Hawkins, BSN, RN, CN III (R4-Medical)  
 Cecilia Inman, BSN, RN-BC, CN IV (R9W–Cardiac)  
 Sarah A. Lacey, BSN, RN, CN III (R1-Cardio-Thoracic)  
 Christine Lord, BSN, RN-BC, CN IV (Cardiac Intensive Care Unit)  
 Tracie Lowe, BSN, RN, CN III (P3CD–Geriatric/Med-Surg)  
 Robin Matthews, RN, SANE-A, CEN, CPEN, CN IV (Emergency)  
 Alicia A. Murry, BSN, RN, CN III (R4-Medical)  
 Elizabeth Perry, BSN, RN, CN III (P6–Psychiatric)  
 Colleen Robinson, MA, BSN, RNC, CN IV (Emergency)  
 Cindy Smith, ADN, RNC, CN III (R1-Surgical)  
 Sarah Alyce Sturges, BSN, RN, CN III (Emergency)  
 Barry Worthing, BSN, RN, CEN, CN IV (Emergency)

## Perioperative & Surgical Services

Helen M. Aylward, BSN, RN, CN III (Operating Room)  
Jacqueline Bourque, BSN, RN, CN IV (Ambulatory Surgery)  
Gail Burgess, MS, RN, CNOR, CN III (Scarborough Surgery Ctr)  
Brooke Coombs, BSN, RN, CN III (Floats)  
Kellie A. Coombs, RN, CNOR, CN IV (Operating Room)  
Judith Cressey, BSN, RN, CEN, CN III (Float Pool)  
Jennifer Dow, RN, CN III (R5—Surgical)  
Heidi Fox, BSN, RN, CN III (Ambulatory Surgery Unit)  
Jana Jacobs, BSN, RN, CN IV (R3-Medical/Surgical)  
Jamie Johnson, BSN, RN, CN III (R3-Medical/Surgical)  
Lisa Joseph, RN, BSN, CNOR, RNFA, CN IV (Operating Room)  
Kristan Kramlich, BSN, RN, CN III (R3-Medical/Surgical)  
Kelly Lancaster, MSN, RN, CAPA, CN IV (Scarborough Surgery Ctr)  
Brandi Lovering, BSN, RN, CN III (R2-Surgical)  
Lori Luebbert, BSN, RN, CN III (Operating Room)  
Susan Nixon, RN, CNOR, CN III (Operating Room)  
Janet Russell-Duggan, BSN, RN, CMSRN, CN IV (R6—Ortho/Neuro)  
Beth Thivierge, BSN, RN, CMSRN, CN III (Vascular Access)

## Women & Children's

Rebekah Cheney, BSN, RN, CN III (Barbara Bush Children's Hospital)  
Patricia Crosby, BSN, RN-C, CN III (Mother-Baby)  
Helen Cyr-Alves, RN, CN III (Neonatal Intensive Care Unit)  
Mary Hutchison, BSN, RNC, CN III (Prenatal Center)  
Katherine Johnson, RN, BSN, CLC, CN III (Neonatal Intensive Care)  
Jennifer Johnson, BSN, RNC, CLC, CN III (Family Center)  
Kristi J. Leland, RNC, CN III (Birth Center)  
Carrie O'Connor, RNC, LSW, CN III (Birth Center)  
Michael Payne, BSN, RN, CPN, CN III (Barbara Bush Children's Hospital)  
Elisabeth Pecor, BSN, RN, CN III (Neonatal Intensive Care Unit)  
Meagan Oberholtzer, BSN, RN, CN III (Neonatal Intensive Care Unit)  
Christine Schreiber, BSN, RN, CPN, CN III (Barbara Bush Children's Hospital)  
Tina-Marie Schwarz, BSN, RN, CN III (Barbara Bush Children's Hospital)

## Other MMC Departments

Debra Labbe, ADN, RN, RCES, CN III (EP Lab)  
Kathleen C. Richards, RN, CN III (Pre-Admission)  
Karen Thompson, BSN, RN, OCN, CN III (Clinics)







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